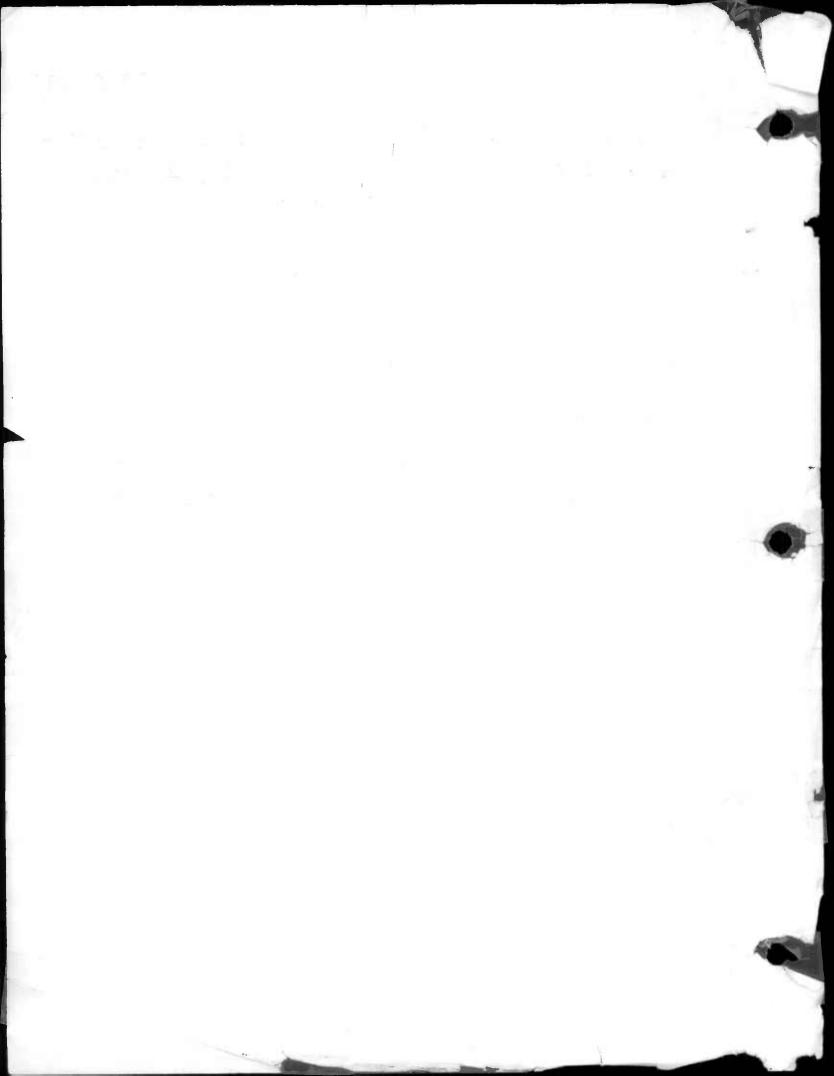
	1 - FOR STATE REGISTRAR	TE OF MARTLAND	CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENIAL HYGI REG.		2000	
	1. DECEDENT'S NAME (First, Middle, Last) Mildred L. 3	Tackson	t		2. DATE OF DEATH	DAY	2 3. TIME OF DEATH	4 "
	4. SOCIAL SECURITY NUMBER 5. SET 3/6-20-3484 9. FACILITY NAME (If not institution, give street end	M 2 1 66	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN. ITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH	122	BIRTHPLACE (State or Foreign Country) C. Y OF DEATH	ın
DIRECTOR	LEVINSDALE NURSI		A-100	ALTIMORE CI		9c. COUNTY	Y OF DEATH	
	10e. STATE 10b. COUNTY			N OR LOCATION TIMORE CITY	7		10d. INSIDE CITY LIMITS? 1) YES 2 NO	
BY FUNERAL	3 18 EAST 28th ST. 11. MARITAL STATUS 12. WA			21218			N OF WHAT COUNTRY? USA	
	1 Never Married 2/17/Married FO	AS DECEDENT EVER IN U.S., PRCES? 1 TYES 2 TYES, GIVE WAR OR DATES	ARMED	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci	an, Puerto Rican, etc.	Yes or No 14	I. RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED		ed) ge (1-4 or 5 +)		ne during most of working f.)	16b. KIND OF	BUSINESS/INDUS		
BE COM	9th Grade 17. FATHER'S NAME (First, Middle, Lest) THOMAS	FROST	<u>Domestic</u>		AME (First, Middle, Mail Y M.	den Sumame) A <u>Y</u>	THORNTON	
TO B	190. INFORMANT'S NAME (Type/Print) CHARLES ALBERT JA	CKSON	318 EAS	SS (Street and Number or Rural ST 23 rd. St	**Route Number, City or ./Balti	Town, State, Zip Co	MD. 21218	
	20e METHOD OF DISPOSITION ***Burlet 2		place)	Name of cometery, crematory or $FOREST$ VET		LOCATION — CITY	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	d	2	2. NAME AND ADDRESS OF FA	ACILITY			
	23. PART i. Enter the diseases, or complic	ations that caused the	death Do not ent	or the made of dular and		1.		
7	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	As Dication	ne. 1 Pneu	monia	ch as cardiac or re	spiratory arres	t, Approximate interval Between Onset and De	
NO	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A CONS	ne. Preu BEQUENCE OF): ascula			spiratory arres	interval Between	
IFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	S DICA TOY	Pheu BEQUENCE OF):	monia		spiratory arres	interval Between	
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	PREDUENCE OF): BEQUENCE OF):	monia ar Disea	s e	spiratory arres	interval Between	
MEDICAL CE	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the cond	DUE TO (OR AS A CONS	PREQUENCE OF): SEQUENCE OF): A CULT SEQUENCE OF): A resulting in the	monia ar Disea	S C I Part I. 24a, WAS PERI	AN AUTOPSY PORMED?	interval Between	wgs
SICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the conditions conditions control of the conditions control	DUE TO (OR AS A CONS	PREDUENCE OF): AS CULIC SEQUENCE OF): It resulting in the	monia To Disea underlying cause given in	S C I Part I. 24a. WAS PERI 1 YES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	wgs
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control conditions conditions conditions control conditions control conditions control conditions control conditions control conditions control conditions cond	DUE TO (OR AS A CONS DUE TO (OR AS A CONS	SEQUENCE OF): REQUENCE OF): Requence of): Requence of): A point of the control of the contro	underlying cause given in 26. PLACE OF DEATH (C) ER: urning Home 5 Residence 26. RAJURY AT WORK? 1 YES 2 NO	S C I Part I. 24a. WAS PERI 1 YES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	wgs
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the cond	DUE TO (OR AS A CONS DUE TO (OR AS A CONS	SEQUENCE OF): REQUENCE OF): Requence of): Requence of): A point of the control of the contro	underlying cause given in 26. PLACE OF DEATH (C) ER: urning Home 5 Residence 26. RAJURY AT WORK? 1 YES 2 NO	S C I Part I. 24a. WAS PERI 1 YES Deck only one) 6 Other (Specify)	AN AUTOPSY FORMED? 3 2 NO W INJURY OCCUR	24b. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	wgs
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the conditions conditions control of the conditions control	DUE TO (OR AS A CONS DUE TO (OR AS A CONS	BEQUENCE OF): SEQUENCE OF): SEQUENCE OF): It resulting in the LULL 3 DOA 4 PN 28b. TIME OF INJURY M home, farm, street, fa	underlying cause given in 26. PLACE OF DEATH (C) ER: urraing Home 5 Residence 28c. RAJURY AT WORK? 1 YES 2 NO lectory, office	S C Part I. 24a. WAS PERI 1 YES Other (Specify) 28d. DESCRIBE HO 281. LOCATION (Street, Street, St	AN AUTOPSY CORMED? 3 2 NO W INJURY OCCUPATION OF THE PROPERTY OF THE PROPERT	Interval Betwee Onset and De On	eath NGS E
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the cond	DUE TO (OR AS A CONS DUE TO (OR AS A CONS	DOA OTHER DOS INJURY M home, farm, street, for investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation, in my local death occurred at the prince of investigation of investigation of investigation occurred at the prince of investigation of investigation occurred at the prince occurred a	underlying cause given in 26. PLACE OF DEATH (C) ER: urraing Home 5 Residence 28c. RAJURY AT WORK? 1 YES 2 NO lectory, office	S C I Part I. 24a. WAS PERI 1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Stre City or Yown, St	AN AUTOPSY FORMED? 2 NO W INJURY OCCUP The end Number or step) The end due to the county of the	Interval Betwee Onset and De On	eath NGS E

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within the first death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transperial. Per filled within 72 hours after the within 72 hours after the within 72 hours after the state Dept. of "seath and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 straws any injury, or other traumatic event, the medical examiner must be netitied at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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MARYLAND 21203-3146	retained by the hospital or attending physician.	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	and it cane
TAL RECORDS, P.O. BOX 13146, A. BALTIMORE, MARYLAND 21203-3146	W. The faw requires that the death certificate be executed within the safety of after death. Page 6 may be retained by the hospital or attending physician.	finate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tiem 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYL	AND / DEPA	ARTMENT OF	HEALTH	AND	MENTAL	HYGIENI
	CERTI	FICATE O	F DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL	HYGIENI REG. NO.			7:52 PM
1. DECEDENT'S NAME (First, Middle, Last) \$\frac{5}{4}\text{NLEY}\$	Kohen					2. DATE MDNTH	OF DEATH	Ä	3. T	1952 PM
110 1 0 1/4	SEX 6. AGE	(In yrs. last birthday) 86 YRS.	IF UNDER 1	YEAR IF UN	DER 24 HRS.	(Month	OF BIRTH , Day, Year) - 02 - 0		BIRTHPLA Country) VIR	CE (State or Foreign
Baltimore County G. RESIDENCE OF DECEDENT	end number) eneral Hi	ospital	вы сіту, т Rand	lall by	TOWN OF DE	ATH		9c. COUNTY Ba	of Death Itum	
10e. STATE 10b. COUNTY M Bal	timere		BUT	LOCATION	ر					. INSIDE CITY LIMITS? YES 2 NO
3407 Washingto	en Avenu	e		101, ZIP C		20-	7	10g. CITIZEN		COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 2 Wildowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	11	AS DECENDEN yes, specify C	uban, Maxicar	n, Puarto F	? (Specify Yea lican, etc.)	or No.— 14.	Black, Wi Specify:	American Indien, lite, etc.
15. DECEDENT'S EDUCATI (Specify only highest grade com Elamentary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done du	CUPATION uring most of we	orking	18b.	KIND OF BUS	INESS/INDUS	TRY	
12		OW	NER				PAIN	TING		
17. FATHER'S NAME (First, Middle, Last)				18. M			Aiddle, Maiden	Surname)		
LAZAR KOHEN 19a. INFORMANT'S NAME (Type/Print)		105 MAILING	ADDRESS /	(Street and Musi			KAHN Der, City or Town	State 7/c Co	rdel	
NATHAN KOHEN				RIDGE			DALLST			1133
20a. METHOD OF DISPOSITION	201	. PLACE OF DISPOS				ICHIA		CATION — City		
5 Burial 2 □ Cremation 3 □ Removal 4 □ Donation 5 □ Other (Specify)	Irom Stata	other place) BALTIMO	RE HE	BREW			RE	ISTERS	STOWN	MD
21. SIGNATURE OF FUNERAL SERVICE LICENS	Q_				LEVINS	MON &	BROS.			21215
23. PART 1 Enter the dispesses, or com- shock, or heart Taillure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions,	JS C ISKM DUE TO (OR AS	A CONSEQUENCE OF	DL. M.							Approximate Interval Between Onset end Death
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	181. 201.	A CONSEQUENCE OF								
PART II. Other eignificent conditions c	ontributing to deeth i	out not resulting	in the und	lerlying ceu	se given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	OSPITAL:		OTHER:		F DEATH (Chi	eck only or	16)			
1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Out 28a. DATE OF INJURY	patient 3 DOA 28b. TIM	4 - Nursi	ng Home 5 E			r (Specify) CRIBE HOW I	William Occin	JED.	
1 Natural 5 Pending	(Month, Day, Year)	200. TM	IURY M	WORK?		Zod. DE	COURT HOW I	NONT OCCUP	TED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — Al home, farm, scify)	street, factor			2at, LOC City	ATION (Street a or Town, State)	and Number or	Rurai Route	Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	_									d manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	291	Cu			LICENSE NUM			17/	141	ngth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	32. RIGISTRAPIC SIGN	Saco	Print)	کردید	GE /	40	E me	evary	Der	-4.
31. DATE FILED (MONTH), Day Year) 1990	32. ANGISTRANIE SIG	NATURE Randel	2							

BELLEVIE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to buriat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Lat.	IN KOI	MAN			2. DATE OF DEATH MONTH DA	90	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219 B 237	1 DAM 2 D F	69 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	217	BIRTNPLACE (State or Foreign Beyintry)			
LOR	99. FACILITY NAME (If not Institution, glasses) Stella Maris H	ospice		96. CITY, TOWN O	R LOCATION OF DE	ATN	9c. COUNTY Bal	timore			
DIRECTOR	100. STATE 10b. COU MARYLAND	STATE 10b. COUNTY 10c			ON IORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	100. STREET AND NUMBER 6208 CROSS COUN	תע.זם עמיד		101	ZIP CODE	5	-	OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO		ENDENT OF NISPAN	IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE			
	15. DECEDENT'S E (Specify only highest gr Elementery/Secondery (0-12)	DUCATION ade completed) College (1-4 or 5 +)	life. Do NOT use	SUAL OCCUPATION ork done during more retired.)	N	16b. KIND OF BUS	SINESS/INDUST	TRY			
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last) ISRAEL KOMAN		GR	OCER		ME (First, Middle, Maiden ORA LENETZ		D			
TO BE	190. INFORMANT'S NAME (Type/Print) MRS. ELSIE KOMA	N			OUNTRY BI	Route Number, City or Tow	n, State, Zip Co.	21215			
	20e, METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	smoval from State	MOSES MO					or Town, State IMORE, MD			
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD. 21215										
CERTIFICATION	23. PAET I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition reauting in deeth) Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the lighted seven) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CERT	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1 PART II, Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.							24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	***									
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME	OF 28c. INJ	URY AT RK? 'ES 2 NO	8 (Specify) 28d. DESCRIBE HOW		RED			
ETED	3 Suicide 8 Could not 4 Homicide determined		281. LOCATION (Street City or Town, State)	end Number or	Rural Route Number,						
COMPLE	one)	IVSICIAN: To the best of my know						ause(e) and manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	A alexa	adei	10	29c. LICENSE NUMBER D 27087 D 27087 D 27087 D 27087						
	Carla S. Alexa	nder, M.DSt	ella Mari	s Hospi	ce-Dulan	ey Valley	RdTo	wson 21204			
	31. DATE FREED (Mohth, Day, Year)	32. DEGISTRAR'S SIGI	NATURA PARA SEL								

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_	ins afte	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by to	72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or remov
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	9	HO.	2
	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	-	2 1
	2	8	1

A SOCIAL SECURITY NUMBER 215-28-3358 ***EX*** A ARE for your and anthropy in your and anthropy in your and your young laws. Social security in your and your young laws. Social young laws. Social your young laws. Social your young laws. Social your young laws. Social your young laws. Social young laws. Social your young laws. Social youn)					2	DATE OF E	DEATH		YEAR	3. TIME OF DEATH
215-28-9358 E u 2 F 58 Yes Son		Henry	D		KUTRI	CK	J	_			TEAR	3:30 A
**SECRETARY OF CONTROL			. AGE (In yrs. las		7						8. BIRTHE	PLACE (State or Foreig
SEA PROJUNCE OF DETAINING up an enter our number. PRODUCTION OF LOCATION Baltimore Sea STATE Se	215-28-3358	1 🖾 M 2 🗆 F	58	YRS.	MONTHS DAYS	HOURS	MIN.			1		
THE STORE OF DECEDENTS WE STATE MO COUNTY MO . BRITTATION ON ILOCATION BRITTATION ON MARKE 3500 Buckboard Liene 12. Was decreased. 12. What is structured. 13. What is structured. 14. MANTAL STRULUS 15. What is structured. 15. What is structured. 16. Wherever 17. What is structured. 16. Wherever 17. What is structured. 18. What	9e. FACILITY NAME (If not institution, give	street and number)						Н				
SNA STATE SOL COUNTY Baltimore Baltimore Baltimore Baltimore Baltimore Baltimore Baltimore Sol Name		are Hospi	ital	1.77	Baltimore Co						re County	
Beltimore Beltimore Beltimore Beltimore Security Secur		TV		100 CITY	TOWAL OR LO	CATION						44.4 BIODE OF
19. SPECIAL AND MANNESS 11. MANUFACTS ATORS 11. MANUFACTS ATORS 11. MANUFACTS ATORS 11. MANUFACTS ATORS 12. MANUFACTS ATORS 12. MANUFACTS ATORS 13. MANUFACTS ATORS 14. MACE CARREST SPUCATION 15. MACE CARREST SPUCATION 16. MACE CARREST SPUCATION 17. FATHERS MANAGE (Park MACE) 17. FATHERS MANAGE (Park MACE) 18. MATTERS MACE (Park MACE) 18. MATTERS MACE (Park MACE) 18. MATTERS MACE (Park MACE) 18. MACE (- 1	LIMITS?
11. MANTHAL STATUS Control Contr		STUTIOLE		ьа				_		40- OFF		
11. MARTIAL STATUS These Martins 32 Martins The Martins The Martins 32 Martins The Martins 32 Martins The Martins The Martins The Martins The Martins The Martins The Martins 32 Martins The Martins		2 T							- 1	iog. Gilia		
1] New Martied 2/2 Martied PORCEST TS 2 ZINO			FVER IN II S AF	PMED	12 WAS D			OBIGIN2 (S	nacify Yea	or No I		
Close and of work on Justice presentation College (1-d or 5-1) ASSEMBLY Line General Motors	1 Never Married 2 Merried	FORCES? 1	YES 2 2	NO	If yes,	specify Cuba	n, Mexican, I				Black,	, White, atc.
ASSEMBLY Line General Motors 17. FATHER'S NAME (Pirk, Middle, Madder Summers) Henry Kiltrick 18. MOTHER'S NAME (Pirk, Middle, Madder Summers) Henry Kiltrick 19. MOTHER'S NAME (Pirk, Middle, Madder Summers) MYS. Refleca D. Kutrick 3500 Ruckboard Lane Balto., Nd. 21220 20. BLECTO DESCRIPTION (Name of certailey, correlatory or Dark, State Lip Control — City or Town, State 20 Committed — Commercial —			16a. DE	ECEDENT'S U	SUAL OCCUPA	TION		16b. KIN	D OF BUSE	NESS/IND	USTRY	
18. MOTHER'S NAME (Pist, Middle, Markins Summers) Kate E. Jucas 19. NOTHER'S NAME (Indiffered City or Name And Plant Markins Course of Name And N							y.					
Henry Kutrick 196. MALING ADDRESS (Sitted and Number or Result Recta Reciber Copy) 196. MALING ADDRESS (Sitted and Number or Recta Rechec City or Results States Code)) 196. MALING ADDRESS (Sitted and Number or Recta Rechec City or Results States Code)) 196. MALING ADDRESS (Sitted and Recta Rechec City or Results States Code)) 196. MALING ADDRESS (Sitted and Recta Rechec City or Results States Code)) 196. MALING ADDRESS (Sitted and Recta Rec	11th		As	ssemb	ly Li	.ne		Ge	ener	al N	Moto	rs
198. MICHIGADORESS (Disset and Number of Real Rocas Number City or Now, State, ZD Code)	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	IER'S NAME	(First, Middle	le, Maiden S	urneme)		
Marc Rehecca Notatick 3500 Buckboard Lane Balto., Md. 21220	Henry Kutric	k				K	ate 1	E. Lu	ucas			
28. NET CALLE SEPTEMBER OF DISPOSITION Severe and process of Part II. 24. NES ANATOPEY PERFORMED 28. PLACE OF DESPOSITION Name of consisting course (Chapter) 28. NES CASE REFERENCE TO MEDICAL 1.00 PLATE 2.00 PL	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	et end Number	or Rural Rou	ite Number, C	City or Town,	State, Zip	Code)	
Sequentially 2 Chremation 3 Removal from State 2 Approximate	Mrs. Rebecca	D. Kutri	ck '	3500	Buckh	oard	Lan	e Ba	lto.	. Mc	d. 2	1220
23. PART I. Enfer the diseases, or bomplications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory streat, interval Between Season of Complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory streat, interval Between Conset and Death disease or condition association. Approximate of the Cause (Fine) Approximate of the cause of the death of the cause (Fine) Approximate of the cause of the death of th	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI							-	
22. PART I. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23. PART II. Other significant conditions and the death of the state of the product of the state of the					kLaw	Cem	eter	v				
23. PART I. Enfer the diseases, or bomplications that caused the death. Do not enfer the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on sach line. IMMEDIATE CAUSE (Fine) Bequentitely list condition resulting in death) Sequentitely list condition resulting in death) Sequentitely list conditions, or the countribution of the coun	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE			22 HAME	ANDIAPPRE	S OF FACIL	Ter 1	Fune			
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EXAMINER? 1 YES 2 NO 1 Vinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. ManNER OF DEATH Netural 5 Pending Investigation 3 Suicide 4 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Veer) 29d. DATE SIGNED (Month, Dey, Vee	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Pneumon	ia com Prasa conse	plica OUENCE OF	tion r			statı	us			
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29e. CERTIFIER (Check only ore) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Jacquel ine Wong 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition of the condition	e. Oue TO (0	Î A COME R AS A CONSE R AS A CONSE	plica: couence of)	tion r	espira	tory	art I. 24a 1 [a. WAS AN A PERFORI □ YES 2	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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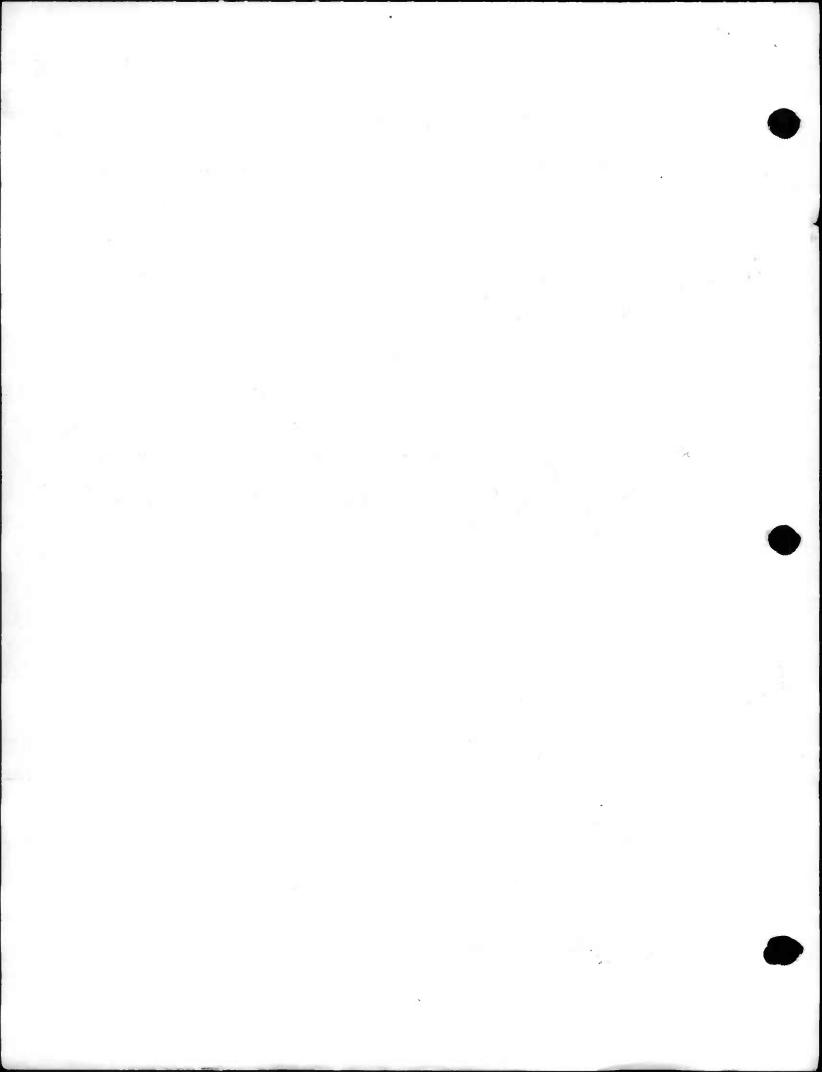
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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30	THOW.	Cal
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RAL	2	=
FURE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT
3HL	filed	POR
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	1 - STATE OF MAI	RYLAND / DEPARTM CERTIFICA			MENTAL HYGIEN		
	-	Andrew KLABU			2. DATE OF DEATH		3. TIME OF DEATH
	Alfred A. Klaburne				MONTH D		
		AGE (In yrs. last birthday) IF I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State or Foreign ountry)
į	212-03-3193 1×M20F	73 YRS. MON		HOURS MIN.	(Month, Day, Year)	17 4	PSTMINSTER
~]	9e. FACILITY NAME (if not institution, give street and number)	1 ()	-	R LOCATION OF OE		9c. COUNTY	4
DIRECTOR	Loch Raven V. A. Husp	31160	Dalh	more, H	ia	Uis	Α.
E I	10e. STATE 10b. COUNTY		WN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
	Maryland Biethon Harfor	id Be	lair				1 XYES 2 NO
AL	10e. STREET AND NUMBER		101.	ZIP CODE	,		OF WHAT COUNTRY?
FUNERAL	408 FOREHAND CT.			21014		U.S.	
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1	YES 2 NO			IC ORIGIN? (Specify Yes		RACE — Americen Indien, Black, White, etc.
BY	3 Widowed 4 Divorced 1st. SGT	OR DATES.	1 TES	2 NO Specify	:		Specify: WHITE
	15. DECEDENT'S EDUCATION	16a, DECEDENT'S USU	IAL OCCUPATIO	N	16b. KINO OF BU	SINESS/INDUST	RY
<u>E</u>	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during mos ired.)	t of working			
립	12	SALESMA	AN	-54,074, 3	REAL E	STATE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		
BE (LEE KLABURNER				TA ANDERS		
10	190. INFORMANT'S NAME (Type/Print) DARLENE BORMEL	196 MAILING ADI	CLEAN	BLVD. 21	234 City or Tow	n, State, Zip Cod	le)
					\mathcal{B}	ALTIM	ORE, MD
	20e, METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 - Removal from State	20b. PLACE OF DISPOSITION Of PARKWOOD	N (Name of cent	etery, crematory or		CATION — City LTIMORE	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
	4 Donetion 5 Other (Specify)	PARKWOOD		D ADDRESS OF FAC			
	Man & Filher	1			DIPPEL		L HOME, INC.
	Lever & backle	1		BELAIR F			MD. 21206
	23. PART I. Enter the disease, or complications that c shock, or heart fallure. List only one cause	ariséd the death. Do not on each lina.	enter the mo	de of dying, suct	h as cardiac or resp	iratory arrest,	interval Batween
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	resulting In death) a. Long	PAS A CONSEQUENCE OF:					4 months
		AS A CONSEQUENCE OF):					
0 N	Sequentially list conditions, OUE TO (OF	AS A CONSEQUENCE OF):					
SAT	If any, leading to immediate cause. Enter UNDERLYING						
Ě	that miliated events	R AS A CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST						
AL C	PART II. Other aignificant conditions contributing to de	ath but not resulting in t	he underlying	cause given in			24b. WERE AUTOPSY FINDINGS
2					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC			·				OF DEATH?
≥ ::					_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1		ACE OF DEATH (Ch	eck only one)		
SIC	TIOST TIAL.		THER: Nursing Hom	e 5 🗆 Residence	6 ☐ Other (Specify)		
H	27. MANNER OF DEATH 28a. DATE OF IN (Month, Day,			URY AT RK?	28d, DESCRIBE HOW	INJURY OCCUR	ED
В	1 Natural 5 Pending 2 Accident Investigation			rES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	NJURY — At home, farm, street: (Specify)	et, factory, office		28f. LOCATION (Street City or Town, State		Rural Floute Number,
ETE						· · · · · · · · · · · · · · · · · · ·	
COMPLETED	29e. CERTIFIER (Check only one)						
SO	2 MEDICAL EXAMINER: On the basis of exam	nination and/or investigation, i	n my opinion, d	eath occured at the	time, date and place, a	nd due to the ce	euse(e) end menner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	MT		29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)
2	Muchael J. Dute,	III U.		MROL	145	7	18 90
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	A . A					
	12 Parkin St. Balling 31. DATE FILED (Month, Day, Year) 32. REGISTRAR	S SIGNATURE	201				
	31. DATE FILED (Month, Day, Year) JUL 2 3 1990 Auto Surdices	-Aandelle					



9-6-90 cm

1 - STATE REGISTRAR		AKYLAND / I	RTIF	ICATE	OF I	DEAT	TH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	ŋ								OF DEATH			3. TIME OF DEATH
	Keith		L	ee				MONT	15-90	Y	YEAR	11:30PM M
4. 213-96-9853	5. SEX 6	AGE (in yrs. last	birthday)	IF UNDER t	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
218-86-4350	1 ☑ M 2 □ F	10	YRS.	MONTHS	DAYS	HOURS	MIN.	2.—1	h, Day, Year) 9-80		RAT.	TO., MD.
9e. FACILITY NAME (If not institution, give		10		9b, CITY, 1	TOWN OR	LOCATIO	ON OF DE		7 00	9c. COUN		
Bon Secour Hosp	ital			B	alti	more	e Ci	ŀν		N/A		
RESIDENCE OF DECEDENT	1001				ar cr	THOL		<u></u>		14/2	1	
10e. STATE 10b. COUR	ITY		10c. CIT	Y, TOWN OR	LOCATIO	DN						10d. INSIDE CITY LIMITS?
MARYLAND N	/A]	BALTI	MORE	3						XX YES 2 NO
10e. STREET AND NUMBER					10f.	ZIP CODE	E			10g. CITI	ZEN OF	WHAT COUNTRY?
617 NORTH APPLE	TON STREET				2	1217	7			US	A	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	MED						N? (Specify Yee	or No-		E — Americen Indien,
1 Never Married 2 Merried	FORCES? 1		Ю				n, Maxice Specify		Ricen, etc.)		Spec	
3 Widowed 4 Divorced												BLACK
16. DECEDENT'S EI (Specify only highest gra		(Gh	ve kind of	USUAL OCC	CUPATION uring most	N t of workin	g	168	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	life.	Do NOT u	se retired.)			-					
		SI	TUDE	NT								
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
KEITH LEE S	R.						JAC	QURL	INE Y.	MONT	GOM	ERY
19a. INFORMANT'S NAME (Type/Print)		19b.	. MAILING	ADDRESS	(Street and	d Number	or Rural I	Route Num	nber, City or Town	n, State, Zip	Code)	
JACQUELINE MON	TGOMERY		617	N. AP	PLET	ON	STRE	ET (21217)	1		
20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Re	mount from State	20b. PLACE C	OF DISPO	SITION (Nam	ne of ceme	etery, cren	natory or		20c. LO	CATION —	City or To	own, State
4 Donellon 5 Other (Specify)		MT. AL		N CEM	ETER	Υ			BAL	го.,	MD.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. N	AME AND	ADDRE	SS OF FA	CILITY	P	.O. I	3OX	4433
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22 DAD hate Cotor the distance of	s complications that	anuded the day	oth Da		OWN/						1	I Americal mate
23. PART 1: Entar tha diseases, o shock, or heart fallur	r complications that e. List only one caus				_					retory an	reat.	Approximate interval Batween
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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

32. RESISTRAN'S BIGNATURE
GUNA DAYSISON - Randelle



Figure 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-metrs after death. Page 6 may be retained by the hospital or attending pl TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-314

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIFIC	ATE OF D	EATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	,			2. OATE OF DEAT	DAY	YEAR	3. TIME OF DEATH		
	Edmund A. Lesnie				7	19 1	990	6:30 P.		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yn 2 ☐ F 61	140		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	r)	Count	HPLACE (State or Foreign ry) aryland		
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN OR LOCATION OF GEATH 96. COUNTY OF DI							
TOR	North Arundel Hospital		Glen B			Anne Arundel				
EC	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION	N			10d. INSIDE CITY			
PIR	Maryland Anne Arundel	Pas	sadena		1[LIMITS? 1 YES 2 NO		
ERAL	1908 North Avenue		101. ZI	21122		10g. Cl	U.S.	WHAT COUNTRY?		
BY, FUNERAL DIRECTOR	11. MARITAL STATUS 1 □ Never Married 2 ☒ Married 3 □ Wildowed 4 □ Divorced 12. WAS DECEOENT EVER IN U.S FORCES? 1 ☒ YES F YES, GIVE WAR OR DATE KOTean Confl	S	If yes, specif		IC ORIGIN? (Specit n, Puerto Rican, atc :		14. RAC Blac Spec	E American Indian, k, White, etc.		
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	a. DECEDENT'S US	UAL OCCUPATION	of unchina	16b. KIND OF	BUSINESS/IN	DUSTRY			
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use n	done during most o stired.)	or working						
MPL	11th Grade	Police	e Office	r	Bal	timore	cit	У		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1		ME (First, Middle, Ma					
BE	Peter Lesniewski			Emil						
2	19a. INFORMANT'S NAME (Type/Print)		ODRESS (Street and		Contract of the second			04.4.00		
	Margaret P. Lesniewski	ACE OF DISPOSITI	North Av			LOCATION -		21122		
	1 (X Burley 2 Cremetion 3 Germoval from State of 4 Oonation 5 Other (Specify)	oly Cros	ss Cemet	ery				Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ruhaud Clari	is	Georg		nce Fune			A. d. 21225		
	23. PART I. Enter the diseases, or complications that caused th	e death. Do not						Approximate		
	shock, or heart fellure. Liet only one cause on each		,			,	,	Interval Between Onset end Deati		
	disease or condition									
	reculting in death)									
z	metastatic adeno carcinoma of colon 27 munt									
CERTIFICATION	If any, leading to immediate									
S	cause. Enter UNDERLYING CAUSE (Please or Inlun)									
E	that Initiated events reculting in deeth) LAST									
빙	d									
	PART II. Other significant conditions contributing to death but	not resulting in	the underlying o	ceuee given in	Part I. 24a, WA	S AN AUTOPS	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL				_	1 _ Y	S 2 NO		COMPLETION DF CAUSE OF DEATH?		
M					_			1 TES 2 NO		
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	I	26. PLAC	CE OF DEATH (Che	eck only one)					
ΥS	1 YES 2 10 1 Inpetient 2 ER/Outpetie		☐ Nursing Home							
ВУ РН	27. MANNES OF OEATH 1 Netural 5 Pending Investigation	26b. TIME O	Y WORK		28d. DESCRIBE H	OW INJURY O	CCURED			
_ [2 Accident investigation 3 Suicide 6 Could not be detarmined 4 Homicide detarmined	At home, farm, stre	et, factory, office		28f. LOCATION (S City or Town,		er or Rural	Route Number,		
12	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge	ge, death occurred	at the time, data ar	nd place, and due	to the cause(a) an	f manner as a	lated.			
COMPLETED	(creek drift) 2 MEOICAL EXAMINER: On the beels of examination are							(s) and manner as stated.		
B	29b. SIGNATURE AND TITLE OF CERTIFIER		2	29c. LICENSE NUN	182 182	29d. D/	TE SIGNE	O (Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	Larbo.	r Hos	e, tal	Een	ter			
-	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATU		, - , - , - ,	6			. 7			
	JUL 2 3 1990 1 12 Davidson-19	anadoc								

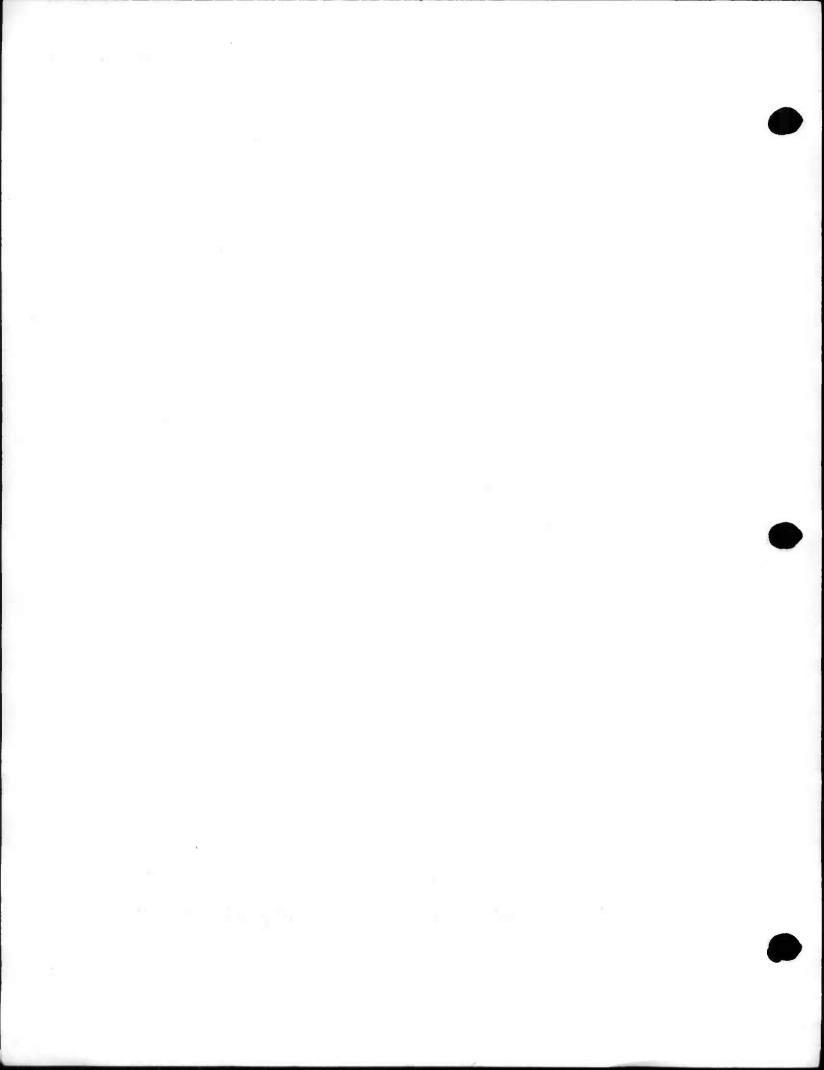
h

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be nettilled at once.
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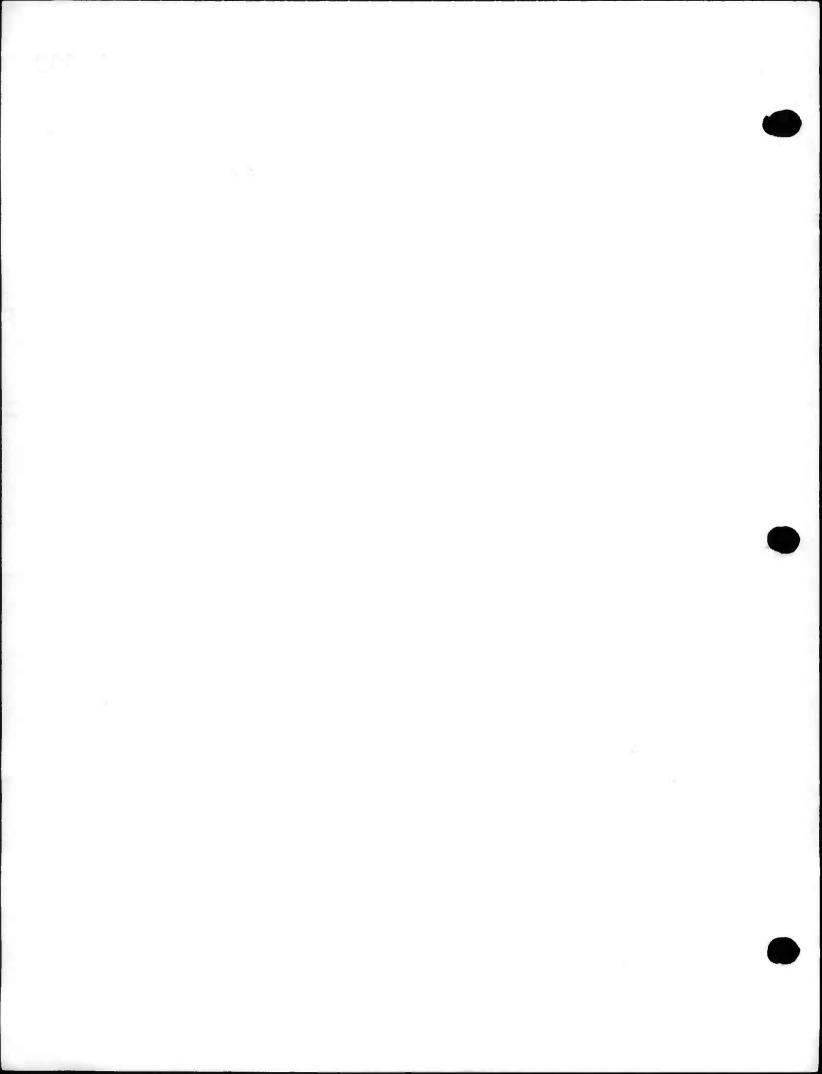
FOR

	1 - STATE REGISTRAR	CERTIFI	CATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)		-		2. DATE OF	DAY	YEAR	3. TIME OF DEATH		
	SIDNEY LEVY				O7 -	- 14	- 90	8:47 PM		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Di	ay, Year)	Cot	RTHPLACE (State or Foreign untry)		
	218-10-1728 1×M20 = 78	YRS.		VIOUTO MILLI	05-0	23-1	2	MARYLAND		
	9a. FACILITY NAME (If not institution, give street and number)		_	R LOCATION OF DE	EATH	1	9c. COUNTY OF	DEATH		
5	SINA! HOSPITAL		BALT	MORC						
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c, CITY	TOWN OR LOCAL	ION				10d. INSIDE CITY		
<u>E</u>	MARYLAND		BALTI					1 X YES 2 NO		
	10e. STREET AND NUMBER		10	ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?		
FUNERAL	3008 FALLSTAFF RD., APT. D			2120	9		US	SA		
3	11. MARITAL STATUS / 12. WAS DECEDENT EVER IN U.S.	ARMED		ENDENT OF HISPAI			r No 14. R/	ACE - American Indian,		
BYF	1 Never Merried 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	∑ NO		acify Cuban, Mexica 2 NO Specif		n, atc.)		eck, White, etc.		
ΞI	(Specify only highest grade completed)	(Give kind of w life. Do NOT use	JSUAL OCCUPATION done during mo	ON st of working	16b, Ki	ND OF BUSIN	NESS/INDUSTRY	,		
7	Elementary/Secondary (0-12) College (1-4 or 5+)			ECEIVING			RETAI	, 		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First Mide	tie Mairien St	mama)			
	HERBERT LEVY				ENA SC		,			
BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number,	City or Town,	State, Zip Code)			
5	MRS. FREDA LEVY	3008 F	ALLSTAF	F RD., A	PT. D	BAL	TO., M	D 21209		
	20a METHOD OF DISPOSITION 1 Cerrial 2 Cremetton 3 Removal from State 20b. PLAI other	CE OF DISPOS	ITION (Name of ce	netery, crematory or			ATION — City or			
			(CHTZII	K AMUNO)		BA	LTIMOR	E, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			LEVINS	ONK BR	OS.	INC.			
	· Leu Elauntens			REISTER				, MD 21215		
	23. PART I. Enter the diseases, or complications that caused the	death. Do n	ot enter the mo	de of dylng, euc	ch aa cerdia	or reapire	itory erreat,	Approximate		
	shock, of heert fellure. Liet only one couse on sech i	ine.						Interval Between Onset and Death		
	I IMMEDIATE CAUSE (FINE)									
	disease or condition a. SCPSLS - WASCULITIS DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. b. CNS STAGC NCNAC DISCASC									
Z	Samuelally list conditions to ENS STA	GC.	RCNA	- Disc	MSC					
ST C	If any, leeding to immediate	SEOUENCE OF):							
5	CAUSE, (Disease or Injury that letters are the control of the cont	SECUENCE OF	h-					-		
Ē	that initieted eventa resulting in deeth) LAST		,.							
CERTIFICATION	d									
	PART II. Other eignificant conditions contributing to deeth but no	ot resulting i	n the underlyin	g ceuse given in	Part I. 2	Ia. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
음					1	YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?		
M					_			1 TYES 2 NO		
ä				11						
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	LACE OF DEATH (C)						
IYS	1 VES 2 NO 1 Nopatient 2 ER/Outpatient 27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIM		ne 6 🗆 Rasidanca JURY AT	·		JURY OCCURED			
4	1 Netural 5 Pending (Month, Day, Year)	INJ	URY	YES 2 NO	260. DE3C	IBE NOW III.	JOHN OCCORES	,		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — Al	t home, farm, s			28f. LOCATI	ON (Street an	d Number or Ru	ral Route Number,		
	3 Suicide 8 Could not be building, atc. (Specify)				City or	Town, State)				
	29a. CERTIFIER Charle pale 1 CERTIFYING PHYSICIAN: To the best of my knowledge	daeth occurr	ed at the time dat	and place, and du	a to the cause	(a) and mann	or as stated			
COMPLETED	(Check only one) 2 MEDICAL SXAMINER: On the beat of axemination and							se(a) and menner as stated.		
	29b_SIGNATURE AND TITLE OF CERTIFIER	1		29c, LICENSE NU		Т	29d, DATE SIG			
BE	XS/W Hur m Resulea	A		THE BOUNDE NO	wen	, I	× 2/	14/90		
5	30-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ((ITEM_27) (Type,	Print) /	//		/	11	116-		
	N. Augel F. Hicer I		SIM	ri lto.	1100	t K	Hrow	in		
	21 DATE EIL ED (Month Con Mari) 2 DECISTRAD'S SIGNATIO	05	3				//			
	JUL 161990 Sulia Savidson-V	fandales								



FOR

	1 - STATE REGISTRAR		CER	TIFIC	ATE O	F DEATH		REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		VEAR	3. TIME OF DEATH	
	FLORENCE	В.		MET	аятт		July		19	90	9:55 A	
		5. SEX 6. A	GE (In yrs. lest birt	thday) IF	UNDER 1 YEA	-	7. DATE OF	BIRTH			HPLACE (State or Foreign	
	217-26-5418	1 🗆 M 2 🗔	83	ras. Mor	NTHS DAY	B HOURS MIN.		1906		Ma 1	ryland	
	90. FACILITY NAME (If not institution, give stre		Q,J	9b	CITY, TOW	N OR LOCATION OF D	-	1700	9c. COU			
FUNERAL DIRECTOR	St. Joseph Hosp			J	rows	on .		Baltimore				
일	10e. STATE 10b. COUNTY		10	c. CITY, TO	OWN OR LO	CATION					10d. INSIDE CITY LIMITS?	
5	Maryland Balti	more		Par	kvi]	le					1 TES 2 NO	
اہ	10e. STREET AND NUMBER						_	IZEN OF	WHAT COUNTRY?			
	8125 Hillendale	Road				21234			U.	S.A	•	
5		12. WAS DECEDENT EV	ER IN U.S. ARMED)		ECENDENT OF HISPA specify Cuben, Mexic			14. RAC	E — American Indian,		
BYF	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 N			1 🗆 1		an, etc.)		Spec			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION		ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working				IND OF BU	SINESS/IN	_		
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use re	done duning tired.)	most of working						
립	12 Years		- Hom	emak	maker H							
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mic	idle, Maiden	Surname)	-		
BEC	William	Wi	nkelma			Mary				urne		
9	19a. INFORMANT'S NAME (Type/Print)		19b. M.	AILING AD	ORESS (Stre	et and Number or Rural	Route Number	City or Tow	n, State, Zi	p Code)	21234	
2	Lyn M. Silk										Maryland	
	20a. METHOD OF DISPOSITION		20b. PLACE OF I	DISPOSITIO	ON (Name of	cemetery, crematory or		20c. LO	CATION	Cify or T	own, State	
	WBurlet 2 Cremetion 3 Removed 4 Donetion 5 Other (Specify)			nd N	Memoi	rial Par	k	Bal	Lto.	Co.	,Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		Johnson Funeral Home								
	I John L	Jalan	/							WSO	n,MD21204	
	23. PART/1. Enter the disesses, or co	omplications that car	used the death	. Do not							Approximate	
	shock, or heart fellure. L	•							-		Interval Between Onset and Death	
	iMMEDIATE CAUSE (Finei disesses or condition	(at	- 11	10	1 1	TEON	1021	,		- 4.20	٤/	
	resulting in death)	DUE TO (OR	AS A CONSEQUE	EQUENCE OF):					CIE		7	
,		ADTE	21250	DARY ARTERY 11054F. SCLEPETICCARDIODASCUL EQUENCE OF):					-AR DISEASE			
CERTIFICATION	Sequentially list conditions, if eny, isoding to immediate	DUE TO (OR	AS A CONSEQUE	NCE OF):	Coli	HICUM	0 + 7 - C		- 1,70	UUA	14	
¥.	csuse. Enter UNDERLYING			and the same of th								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):								
	resulting in death) LAST											
	PART ii. Other significent conditions	contribution to do	th hut not soo	dilac la i	the rendere	ulan acusa shua b	- Dort i	24a, WAS AN	LAUTOBON		b. WERE AUTOPSY FINDINGS	
DICAL	1- MALNUT			ating in t	ine unden	ying cease given ii		PERFO	RMED?	- 1	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
ă				772 /			-	1 VES	2 NO		DF OEATH?	
M	2- METASTATIO	CHICCI	NAAA	10 4	-IVEL	FROM	— I				1 YES 2 NO	
Ž	COLONIE.	TUMOR	-, AN	DTO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	THER:	, PLACE OF OEATH (C	heck only one					
YS		1 Ninpetient 2 ER		_		Home 5 - Residence	_					
	27, MANNER OF DEATH 1° ✓ Netural 5 ☐ Pending	(Month, Day, Y	bar)	8b. TIME O	Y	INJURY AT WORK?	28d. DESC	RIBE HOW	INJURY O	CURED		
BY	2 Accident Investigation					YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY — At home, (Specify)	, farm, stre	et, factory,	office		TON (Street Town, State		er or Runal	Route Number,	
7	29e. CERTIFIER (Check only	DIAN: To the best of my	knowledge, death	occurred a	et the time,	date and place, and du	e to the caus	e(a) end ma	nner se st	sted.		
COMPLET	one) 2 _ MEDICAL EXAMINER	t: On the basis of exami	nation and/or inve	stigation, i	In my opinio	n, death occured at th	ne tima, date e	nd place, p	nd due to	the cause	(a) and manner se stated.	
	200. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE N	UMBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
) BE		-7. m	,			D 13	141)	•	7-	19-90	
5	30. NAME AND ADDRESS OF PERSON WHO		F OEATH (ITEM 2			9,0,4	- O. 4					
	57. JOJE				しり	SDR47	0124					
	31. DATE FILED (Month, Day, Year) JUL 2 3 1990	PULL LAUGA	SIGNATURE ON	20_								
	10 5 0 1330	4		-								



ITEM:6 per FH G-666 8-2-90 cm

90 20010

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY - 0.0	YEAR 3.	TIME OF DEATH	
	LUIS F. MENC					JULY	18, MY1990	9	:20 A M	
¥	4. SOCIAL SECURITY NUMBER 047 28 0313		(In yrs. lest birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	итн 22, 1922	Country)	ACE (State or Foreign		
E I	9a. FACILITY NAME (If not institution, give s THE JOHNS HOPKIN			96. CITY, TOWN O	CITY					
ا ق	RESIDENCE OF DECEDENT					::::				
2	Florida Dade			, TOWN OR LOCAT				d. INSIDE CITY LIMITS?		
0	Florida Dade)	00	ral Gabl					YES 2 NO	
FUNERALDIRECTOR	1100 Alhambra Circ	:1e		107	33134		2404 434	J.S.A.	T COUNTRY?	
BY FUR	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Otvorced	IF YES, GIVE WAR OR OATES			ENDENT OF HISPANI belly Cuban, Maxican 2 NO Specify: Lban	, Puarto Rican,		14. RACE — Black, W Specify: Whi	American Indian,	
	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	N	18b, KIND	OF BUSINESS/INI		-	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life, Do NOT use	rork done during mo e retired.)	st of working					
립	CONSIGNO OFFICE ACTUAL OF THE CONTRACT OF THE	5+	Medi	cal Doct	or	Me	dicine			
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM					
BE (Felipe Mencia				Zenai	da Gut	ierrez			
0	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural R	loute Number, Ci	ty or Town, State, Zi	Code)		
	Maria Teresa Me		-	me as 10						
	20a. METHOD OF DISPOSITION 1 Description	noval from Stata	ob. PLACE OF DISPOS other piace) Woodlawn				OCATION — City or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE &	2.1	Car	itol Fun	eral S				
-	23. PART i. Enter the diseases, or	complications that cause	election Day		.1s Churc				Approximate	
	shock, Dr heert feliure.	List only one cause on	eech line.						Interval Between Onset and Deeth	
	resulting in deeth)									
NO	Sequentially list conditions, If any, leeding to immediate									
CA	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	C							+	
CERTIFICATION	that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent condition	ns contributing to deeth	but not resulting i	n the underlying	ceuse given in	Part I. 24s	. WAS AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
S	HISTORY OF						PERFORMED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE	
ED		RSKOU	7			_ 10	YES 2 NO		F DEATH?	
Σ		0 70.0	**			- $oxdot$,	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Che	eck only one)				
Sic	EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER:	e 5 🗆 Residence		ncifu)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b, TIM	E OF 28c. INJ			E HOW INJURY O	CCURED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	RY — At home, farm, s		-	281. LOCATION	N (Street and Number wn, State)	er or Rural Rou	te Number,	
ETE	4 Homicide detarmined									
COMPLETED	COLOGO OTHY	ER: On the best of my kn							nd manner as stated.	
出	29b. SIGNATURE AND TITLE OF CERTIFIE	D ws			29c. LICENSE NUM	RER		TE SIGNED (A	forth, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WED	MOND MB	DEATH (ITEM 27) (Type,	Print) HOPK	INS HD	SPITZ	H			
	31. DATE FILED (Month, Day, Year) JUL 2 3 1990	Julia Davidson	-Randell							

100 102

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2×750/1s after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

C Segular

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DIVISION OF VITAL RECORDS, P.O. BOX 1314	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	_ DIRECTOR: After this certificate has been signed by the attending physician and cor
R	requ	peen
7	e law	has
F	E	ate
>	CIAN	ertific
9	PHYS	this
Z	DING	After
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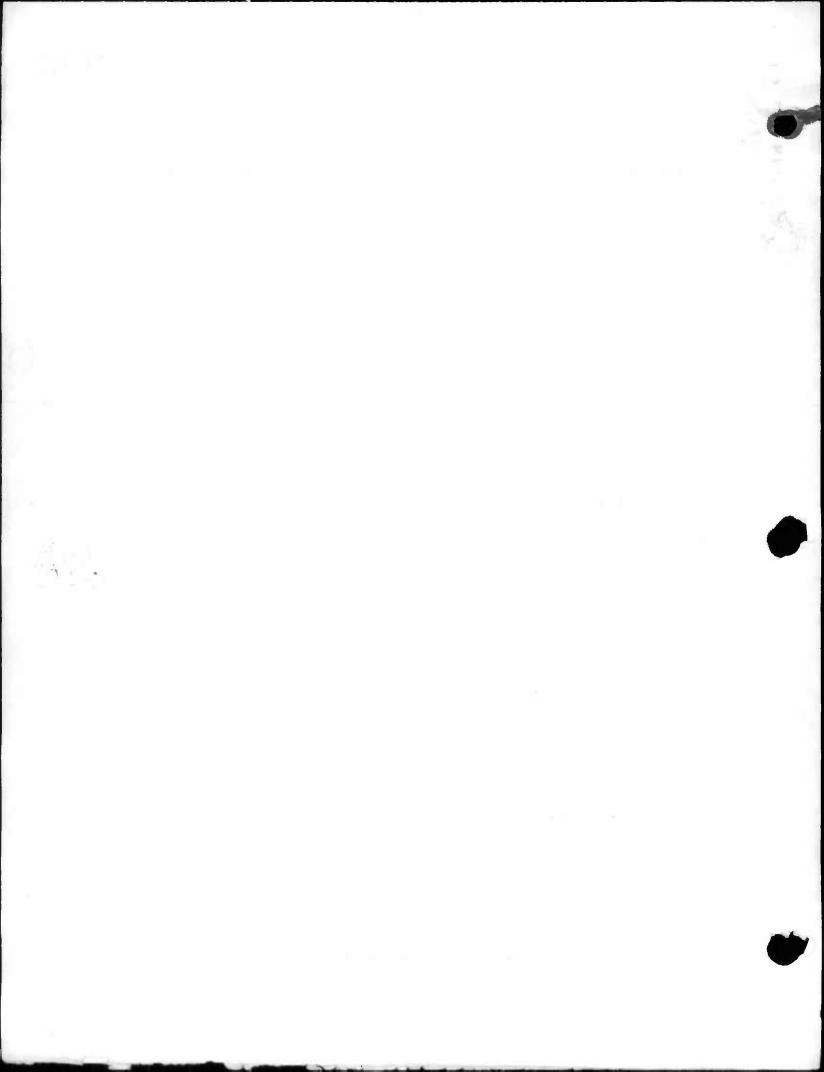
REGISTRAR		UI.	EKIIF	ICALE	UF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE O	F DEATN DA	AY	YEAR	3. TIME OF DEATN	
Willia	m	Harold		Mil	ler			7 20.	1990		5:40A	
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF			8. BIRTN	PLACE (State or Foreign	
220 36 0461	1 X M 2 F	79	YRS.	MONTHS	DAYS	HOURS MIN.	June	16,			ryland	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	OR LOCATION OF I	DEATN			NTY OF D		
Perry Point Hos	pital							Cecil Co				
10a. STATE 10b. COUN	гу		10c. CITY, TOWN OR LOCATION					16				
MX MD.				Ba1	time	e City	,		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
10a. STREET AND NUMBER					-	. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?	
308 South Pays	on Street					2122	23			U	J.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. V	WAS DEC	ENDENT OF HISP	ANIC ORIGIN?	(Specify Year	or No-	14. RACE	- American Indian,	
1 K Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES				ecity Cuban, Maxie 2 ZENO Spec		ean, atc.)		Speci		
15. DECEDENT'S ED	UCATION	W.W. I	CEDENT'S	USUAL OC	CUPATIO	ON	16b. K	(IND OF BUS	SINESS/IND	USTRY	wille	
(Specify only highest grad Elementery/Secondary (0-12)	College (1-4 or 5 +)	(G	ive kind of Do NOT u	work done a	luring mo	ist of working	100.		311163371116	7001111		
11th grade	Conege (1-4 of 5+)	1	Navy					Gov	ernme	ent		
17. FATNER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First, Mic					
William Hugo	Miller						Lorett			iM (ller	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORESS	(Street a	and Number or Rura						
Mr. Paul Mill	er		2885	Rose	mar	Dr.; E1	licott	t Cit	y, Md	1. 2	21043	
20a METNOD OF DISPOSITION 1 A Burlai 2 Cremation 3 Rec		20b. PLACE	OF DISPO	-		metery, crematory or			CATION			
1 ♣ Burial 2 ☐ Cremation 3 ☐ Red 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stala	New New	Cath	nedra	1 C	emeterv		В	altim	ore.	Md.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
201	1/ 3					bard Fur 7 Wilker					Md. 2122	
s. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING												
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d	OUE TO (OR AS A CONSEQUENCE OF):										
PART il. Other aignificent condition	one contributing to	death but not i	resuiting	In the un	derlyin	g cause given i						
Hypertension								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUS	
Deep venous th	rombosis						_	- MI 169 7	_ NO		OF DEATH?	
Malnutrition;	Diabetes	mellitu	ıs								· L · ra · X · uo	
25. WAS CASE REFERRED TO MEDICAL			-		26. PI	LACE OF DEATH (Check only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 1	DOA	OTHER	t:	ne 5 🗆 Residence						
27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	JURY AT		RIBE NOW	INJURY OC	CURED		
1 Netural 5 Pending	(Month, Da	y, Year)	IN:	JURY M	WC	YES 2 NO						
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF	INJURY — At horte. (Specify)	ome, farm,	street, facto	ory, offic	:0		FION (Street Town, State)		r or Rural I	Route Number,	
			_									
(Check only one) 1 A CERTIFYING PNY CHECK ONE) 2 MEDICAL EXAMI	SICIAN: To the best of s IER: On the basis of ax										a) and manner as state	
29b. SIGNATURE AND TITLE OF CERTIFI						29c, LICENSE N					(Month, Day, Year)	
101.0.	M A A					127	192		D /	1	(MONJI, Day, 1001)	
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUS	E OF OEATN (ITE	M 27) (Tvo	e, Print)		00/	11.)	_		120	11"	
	riane Cloe				lica	1 Cente	r, Per	ry Po	int.	MD	21902	
31. DATE FILED (Mogth, Den Year)							-,	-, -0	2110,			
JUL231990	Statia Daireds	r's signature	302									

REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last) CATHERINE					2. OATE OF DEATH MONTH 0.	90			
4. SOCIAL SECURITY NUMBER 5.8 166-14-3249 1	M 2 💢 F	(In yrs. last birthday) 71 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	CC CC	IRTHPLACE (State or Foreign ountry) PA		
9a. FACILITY NAME (If not institution, give street of Stella Maris Hospi	nd number)		Pb. CITY, TOWN O	R LOCATION OF DI	EATH	9c. COUNTY OF CEATH Baltimore			
10e. STATE 10b. COUNTY MD. Balti	more	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
10a. STREET AND NUMBER 1921 Gwynn Oak Avo	enue	1	101	ZIP CODE	.07	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
11. MARITAL STATUS 12.	WAS DECEDENT EVER FORCES? 1 YES F YES, GIVE WAR OR D	2 X NO	if yes, sp		NIC ORIGIN? (Specify Yes n, Puarto Rican, atc.) y:		RACE — American Indian, Black, White, etc. Specify: White		
12th grade	N leted) llege (1-4 or 5+)	Me. Do NOT us	vork done during ma e retired.)	st of working	16b. KIND OF BU	SINESS/INOUSTR			
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
Nicholas Polyhack					(Mastuck)				
John G. Mikus					Route Number, City or Tow				
200 METHOD OF DISPOSITION	1 20	b. PLACE OF DISPOS			Baltimore	PCATION — City of			
1 X Burial 2 Cremation 3 Removal	rom State	other place)			n Cem. Sha				
21. SIGNATURE OF FUNERAL SERVICE LICENSI 22. PART I. Enter the diseases, or comp	:10		Hubb 4107	Wilkens	ral Home, Ave.; Bal	timore,	, Md. 21229		
immeDiate Cause (Final disease or condition resulting in death) a. COLO - RECTAL CANCER DUE TO (OR AS A CONSEQUENCE OF): METASTATIC DISEASE DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury CAUSE (Disease or Injury C.									
CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.									
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF									
25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (C)	neck only one)				
	SPITAL:	tpetient 3 DOA	OTHER:		6 X Other (Specify)	Hospic	re		
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT	28d. OEŞCRIBE HOW				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, s		/ES 2 NO	261. LOCATION (Street City or Town, State	ural Route Number,			
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On							use(a) and menner as state		
296. SIGNATURE AND TITLE OF CERTIFIER	alex	ande	NO	29c. LICENSE NU D 2708			SNED (Month, Day, Year) - 19 - 90		
carla S. Alexander,				-Dulaney	Valley Ro	lTowso	on 21204		
31. DATE FILED (Moons), Day 1980	A2 REGISTRAR'S SIG	MATURE Mandall							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modur after death. Page 6 may be retained by the hos	ith. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	neral director, page 5 should be detach
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	miner must be notified at once.

						J	0 20013	
	1 - STATE OF MARYLAND / I		MENT OF H		MENTAL HYGIEN REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last) ANTIONETTE MAGNIFICO				JULY 17,	Y YE	3. TIME OF DEATH 10:50A	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest		IF UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)	8, 8	BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (if not institution, give street and number)	Tho.	9b. CITY, TOWN O	R LOCATION OF OE	Mar. 3, 1	925 N	ew Jersey	
TOR	THE JOHNS HOPKINS HOSPITAL		BALTIMOR			BALTIMORE CITY		
E	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
5	New Jersey Morris	F	ar Hill				1) YES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER 43 Carriage Hill Dr.		101.	07931		10g. CITIZEN	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 WAS IF YES, GIVE WAR OR DATES		If yes, spe		HC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)		RACE American Indian, Black, Whita, atc. Specify: White	
COMPLETED	(Specify only highest grade completed) (Giv. Elementary/Secondary (0-12) College (1-4 or 5 +)	e kind of w Do NOT use	,	N st of working	16b. KIND OF BU		RY	
MO	17. FATHER'S NAME (First, Middle, Last)	ecre	taru	18. MOTHER'S NA	ME (First, Middle, Melden	reight Surname)	Ca.	
BE C	John Pisapia			Victor	ria Via			
10	The state of the s				Route Number, City or Tow		*	
	Jo Ann Bonfante 200. METHOD OF DISPOSITION 200. PLACE OF	212 of disposi	Montgome	Pry St.	Blaamfiel 20c. LO	d. NJ	07003	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- G/LU	22. NAME AN	O ALTE	N. NBURG FUNE	DIL HA	UE TUO	
	Le Sterne Alturn		6009 H	larkord 1	rbuko rune Rd Balti	KAL HUI mare . I	ME, INC. MD 21214	
	23. PART I Enter the diseases, or complications that caused the des	ath. Do n	ot antar tha mo	de of dying, suc	h sa cardiac or resp	iratory screat	, Approximate Interval Between	
			Lack				Onset and Deeth	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Placese or Injury.	UENCE OF):				Tilinnies	
z	Multionga	N f	Lailun	e/s	epsis		HOURS	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	UENCE OF	(110)	1			Dave	
FIC	CAUSE. (Disease or Injury that initiated events.) CAUSE (Disease or Injury that initiated events.)	UENCE OF):				vays	
FI	resulting in death) LAST							
	PART II. Other aignificant conditions contributing to death but not re	sulting i	n the underiving	cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL					PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE	
MED							OF DEATH?	
N.								
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL:		26, PL OTHER:	ACE OF DEATH (Ch	eck only one)			
HYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 27. MANNER OF TEATH 28s. DATE OF INJURY	28b, TIME	E OF 28c, INJ		6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
ВУ Р	Natural 5 Pending (Month, Day, Year)	INJ		PRK? YES 2 NO				
	3 Suicide 4 Homicide 28e. PLACE OF INJURY — Al hor building, atc. (Specily)	me, farm, s	treet, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or in						ause(a) and manner ea stated.	
ш	29b. S/GNATURE, AND TITLE OF/CENTIFIER			29c. LICENSE NUI	MBER	29d. DATE SI	IGNED (Morth, Day, Year)	
TO BI	Clar Flymon Surg. les	1 Der	1			D 7	117/90	
-	30. NAME AND ADDRESS OF PEUSON WHO COMPLETED CAUSE OF DEATH (ITEM	A 27) (Type,	Print)					

OHMH-18 Rev t/89



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR

	1 - STATE REGISTRAR		CE	RTIF	CATE OF	DEATH	RI	G. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)		Rose N	ovak			2. DATE OF D	EATN DA	Υ	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 078 30 2435	5. SEX	8. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day			Count	NPLACE (State or Foreign ny) nsylania
NH NH	98. FACILITY NAME (If not institution, give a North Arundel		0-4			or location of de		-190	9c. COU	NTY OF D	
5	RESIDENCE OF DECEDENT	-					<u>:</u>				
DIRECTOR		Arundel			, town on Loca Len Burr				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10. STREET AND NUMBER 12 Greenwoo	d Avenue			10	1. ZIP CODE 21 061				S.A	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES			DENDENT OF NISPAN Decify Cuban, Mexica 3 2 X NO Specify	n, Puerto Rican		<u> </u>		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 6th Grade	CATION completed) College (1-4 or 5 +)	(G)	ve kind of v Do NOT us	usual occupation of during more retired.)	ON ost of working			ment:		
MO	17. FATHER'S NAME (First, Middle, Last)				INCHIOL	18. MOTNER'S NA		-			
BE C	William	Mandel				Mary			nik		
2	19e. INFORMANT'S NAME (Type/Print)		177			and Number or Rural i					
-	Walter Novak 200. METNOD OF DISPOSITION			-		Avenue	Glen		_		yland 21061
	1 🔯 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	other pie	ice)		metery, crematory or Cemeter	v I				ship, Pa.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	1	22. NAME A	ND ADDRESS OF FA	CILITY				
- 1	· aerome	Fram	rows	hi		ge J. Go					d. 21225
	23. PART I. Enter the diseases,	complications that	caused the de	ath. Do	not enter the m	ode of dying, suc	h ae cerdlec	or respi	retory sr	reet,	Approximata
	shock, or heart felipire. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	s. CON	FSS T	พร	HEV	NOT F	7726	in	ë:		Interval Between Onset end Deeth
N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CALDS VASCULLAR Sequentially list conditions,										
NATI(If sny, leeding to immediate couse. Enter UNDERLYING	DOE TO	15M	JUENCE U	Dras	155 A	w				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	d. CHPU	WEC A	VENCE O	FAL F	TOPE	473	n	,		YEARS
	PART II. Other significent condition	ns contributing to	deeth but not r	esulting	In the underlyle	ng cause given in	Part I. 24a	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDICAL	Hough A	is CHRA	se f	ELA	c FA	Flore	1	YES 2	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1									
Sici	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	THE SERVICE OF DEATH (C)		ecific)			
PHYSICIAN: ME	27. MANNER OF DEATH Netural 5 Pending	28e. DATE OF (Month, Da	INJURY	28b, TIN	IE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRI		NJURY OC	CURED	
TED BY	A Could not be determined	28e. PLACE Of building,	FINJURY — At ho etc. (Specify)	me, farm,	etreet, factory, off	Ce		N (Street i wn, State)		or or Rural	Route Number,
COMPLET	10.100.11.01.11	ER: On the basic of ex									(e) end menner as stated.
H	296. SIGNATURE AND TITLE OF GENTINE		2		7.0	29c. LICENSE NU	MBER 991		29d. DA	TE SIGNE	D (Morkth, Day, Year)
٥	30. NAME AND ADDRESS OF PERSON OF DAVID ROSE.	1.D. 200				GLEN BI	JRNIE	MD	210	61	
	31. DATE FILED (Month, Day, Year) JUL 2 3 1990		S SIGNATURE				and the second			J ,	



N A

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR	STATE OF MI		ERTIFIC		OF DEATH	MENTA	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH	***	MEAN	3. TIME OF DEATH
LOUISE	Μ.	PO	OLE			JU			900	0:8:58 Am
4. SOCIAL SECURITY NUMBER	5. SEX 8	S. AGE (In yrs. le:		IF UNDER 1 YE			OF BIRTH			HPLACE (State or Foreign
219-36-7881	1 🗌 M 2 💢 F	88	YRS.	IONTHS DAY	HS DAYS HOURS MIN. (Month, Dey, Year) Nov. 17, 1901 Country) MD.					
9e. FACILITY NAME (If not institution, give s	street and number)		1		WN OR LOCATION OF I	DEATN			JNTY OF D	DEATN
WILSON HEALTH CA	ARE	_		GAI	THERSBURG	r]	MONT	GOMERY
10e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LO	OCATION					10d. INSIDE CITY LIMITS?
Md. Montgo	mery		Tak	oma P	ark					1 X YES 2 NO
10e. STREET AND NUMBER	-				10t. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
400 Domer Ave.					20912				USA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAS	YES 2 X	NO	If yes	DECENDENT OF NISP. s, specify Cuben, Mexic YES 2 A NO Speci	en, Puerto	N? (Specify Ye Rican, atc.)	or No—	Blac	E — American Indien, ik, White, etc. White
15. DECEDENT'S EDU (Specify only highest grade			CEDENT'S U		PATION g most of working	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	iife	. Do NOT use	retired.)	g most or worting					
12	0	T	eacher				Educa	tion		
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N				7.1	
Thomas I. Moc	on					erin			hultz	Z
190. INFORMANT'S NAME (Type/Print) Martha Scalley		4			eet and Number or Rure.dge Rd.,					
20e. METNOD OF DISPOSITION					of cemetery, crematory of				- City or To	
1 Buriel 2 X Cremetion 3 Rem 4 Donation 5 Dother (Specify)	noval from State	other n	lace)		rematory				on, I	7 (-00)
21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE /				E AND ADDRESS OF I					5029
John (1	(timb	2		1	el H. Bar consville.					30x 5038
23. PART i. Enter the diseasee, or										Approximete
shock, or heart fellure. IMMEDIATE CAUSE (Finel	•									Interval Between Onset and Deeth
disease or condition resulting in death)	MUO DOE TO (enrol	Sal	Th	faction	21				1-40
Tooling in would,	DOE TO (OR AS A CONSE	OUENCE OF)							
Sequentially list conditions,	· Coron	ary	ALAG	CID:	sclerosi	5				lys.
If eny, leeding to immediate ceuse. Enter UNDERLYING	DOE 10 (C	A A CONSE	GOENCE OF)	•						, v
CAUSE (Diseese or Injury that initiated evente	DUE TO (C	OR AS A CONSE	OUENCE OF)	:						_
resulting in deeth) LAST	4	-								
	0.									
PART ii. Other significent condition			recuiting in	the undar	lying ceuse given i	n Pert i.	24a. WAS AP PERFO		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
12/12/nermers	asmer	Ma					1 TYES	2 X NO		COMPLETION OF CAUSE DF DEATH?
										1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEATH (Check only	one)			
1 VES 2 NO	1 Inpatient 2		3 DOA	4 X Nursing	Home 5 - Residenc					
27, MANNER OF DEATN 1 Natural 5 Pending	26e. DATE OF II (Month, Day		26b. TIME INJU	RY	: INJURY AT WORK?	28d, D	EŞCRIBE HOW	INJURY O	CCURED	
2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE OF	INJURY — At h	ome, farm, st			26t, LC	CATION (Street	and Numb	er or Rural	Route Number
3 Suicide 6 Could not be 4 Nomicide determined	bullding, a	tc. (Specify)				Cit	y or Town, State)		
						_				
290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of n	ny knowledge, d	eath occurred	at the time,	dete end piece, end d	ue to the c	euse(e) end ma	nnar ee st	lated.	
(Check only										(a) and manner as stated.
(Check only	ER: On the basis of exa					ne time, da		nd due to	the cause	(a) and manner as stated. D (Month, Day, Year)
(Check only 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basic of exa	emination end/or	> Y	, in my opini	29c. LICENSE N	UMBER	te end place, e	29d. D/	TE SIGNE	D (Month, Day, Year)
(Check only 1 DECENTIFYING PHYSON) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	ER: On the basic of exa	emination end/or	> Y	, in my opini	29c. LICENSE N	UMBER	te end place, e	29d. D/	TE SIGNE	D (Month, Day, Year)
(Check only 1 DECENTIFYING PHYSON) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	ER: On the basis of exa	E OF DEATH (ITI	EM 27) (Type,	, in my opini	on, death occured at the	UMBER	te end place, e	29d. D/	TE SIGNE	D (Month, Day, Year)



<u>r</u> . 100 .

1. DECEDENT'S NAME (First, Middle, Last)	Jame	a P	alm		. Palmer	2. DATE OF DEATH	DAY 17	YEAR 90	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 217, 05 3948	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	4/13	8. BIRTH Country	PLACE (State or Foreign	
9a. FACILITY NAME (If not institution, give a Mercy Medical RESIDENCE OF DECEMENT				9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City ======						
Maryland ===				y, town on Loca Baltimor					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
1027 Cathedral Street Apt.					1. ZIP COOE 21 20	1	100,000	TIZEN OF W	HAT COUNTRY?	
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 M IF YES, GIYE WAR OR DATES			MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify:						
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11th Grade	CEDENT'S USUAL OCCUPATION ver kind of work done during most of working Do NOT use refered.) Sexton Chu					IDUSTRY	***************************************			
17. FATHER'S NAME (First, Middle, Last) Millard D.	Palmer				Go	AME (First, Middle, Maid ldie F.	Leac	h		
19a. INFORMANT'S NAME (Type/Print) Louise S. Pal: 20a. METHOD OF DISPOSITION	mer		1027	Cathedr		Route Number, City or 1 t Apt 17J		o., M		
23. PARTY. Enter the diseases, of shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate	complications the List only one center to the control of the center to t	OF AS A CONSEC	OUENCE OUENCE O	estre	heart	Hwy. Balch as cerdiec or refailuvem ald	e.	e, Md	Approximate Interval Betwee Onset and De	
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition	d	O (OR AS/A CONSECUTION OF			ing cause given in	PERI	AN AUTOPS'FORMED?	Y 24b.	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
1 Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 2 City or Town, Street and Number or Rural Route Number of City or Town, Street and Number or Rural Route Number of Rural Route							loute Number,			
4 _ Homicios determined		f my knowledge, de	ath occur	red at the time, dat	e and place, and du	e to the cause(s) and	manner ae s	tated.		
						e time, date and place,	and due to	the cause(a) and manner as stated	
29a. CERTIFIER (Check only	ER: On the baels of c	examination and/or	investigati	on, in my opinion,					(Month, Day, Year)	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3-7 nouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

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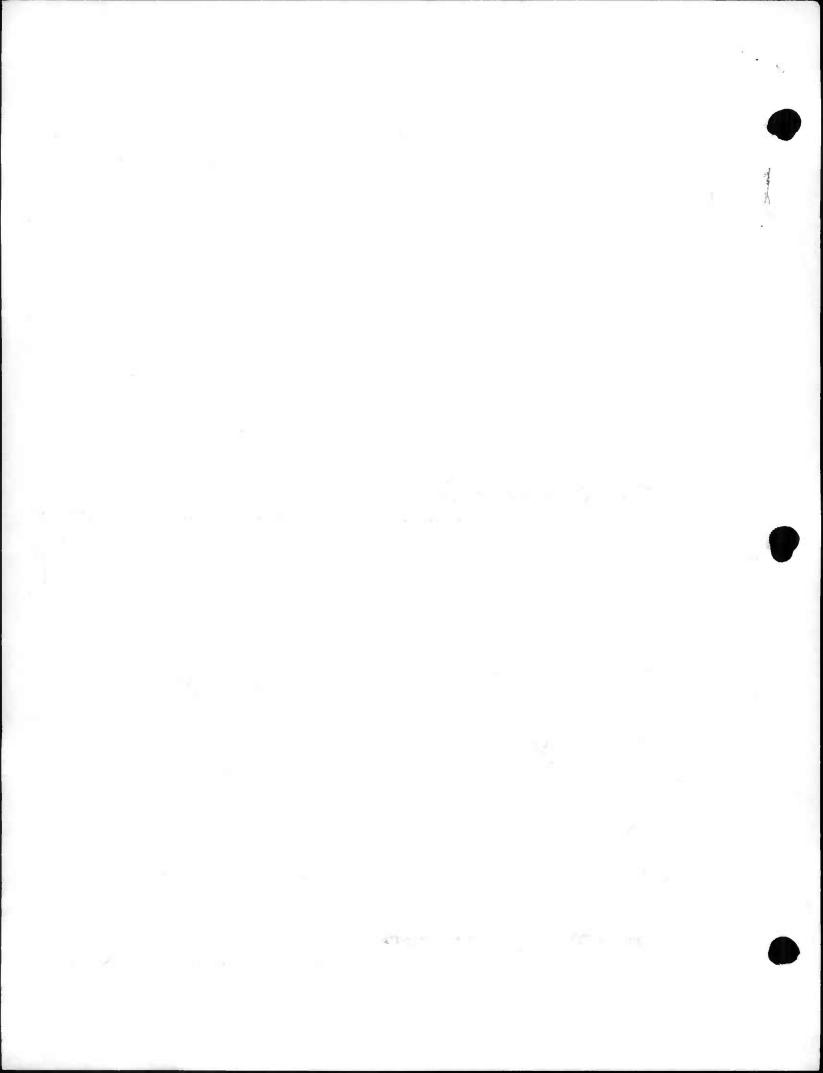
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	Pages	뿐	10a. STATE	10b. COUNT	Υ		10c. CITY, TO	WN OR LOCA	TION			
	2	ă	Pa.		Richland							
permit.			10e. STREET AND NUMBER		-			10	of. ZIP CODE		10g. CITIZ	_
	- St	FUNERAL	823 East	Linde	en				17087		1	J
	physician, burial-transit	5	11. MARITAL STATUS		12. WAS DECEDENT EV					C ORIGIN? (Specify Ye	or No-	14
46	Phys Puri		1 Never Married 2		FORCES? 1		10		pecify Cuban, Maxican S 25 NO Specify:			
က်	as the	BY	3 🔀 Widowed 4 🗌 Dive	orced								
03	se aft	ED		EDENT'S EDU		16a. DE	CEDENT'S USU	AL OCCUPATI	ION lost of working	16b. KIND OF BU	16b. KIND OF BUSINESS/INDUS	
212	5 2	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+) Custo			done during most of working tired.)			school	
0	the hospit detached once.	MP	12				45 000	Lan		50.	.1001	
A	the hospital detached for once.	COMPLET	17. FATHER'S NAME (First, A	fiddle, Last)					18. MOTHER'S NAM	AE (First, Middle, Maiden	Sumame)	
	3 E S	BE (Samuel	L. Au	ustin		Eva Granger					
AH	5 should	10	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING ADI	ORESS (Street	and Number or Rural R	loute Number, City or Tow	n, State, Zip	C
	9e 5	-	Jerry E	. Pat	tterson	4	1725 F	lton	Place N	V.W., Wa	sh.,	
щ	≥ g -		20a. METHOD OF OISPOSIT			20b. PLACE other pla	OF DISPOSITIO	N (Name of ce	emetery, crematory or	20c. LC	CATION - C	:lt
6	m = =		4 Donation 6 Othe		iland	Ceme	tery		Richl	L		
≧	al direc		21. SIGNATURE OF FUNER	L SERVICE LI	CENSEE	_			AND ADDRESS OF FAC		_	
BALTIMORE,	death. Page tuneral dir J. examiner		1 JOHN	7	MERCE	2-)				eral Home		_
M	rs after d t by the removal.		23. PART I. Enter the o				eth Do not			cison St		
	5 E . VI				Liet only one couse			oritor the m	oue or dying, add	i aa cordioc or reap	natory are	196
	fille Dn,		IMMEDIATE CAUSE (Finel disease or condition									
Ų	within 2- opletely fille cremation,		disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):									
	Z 5 - 6				DUE TO (OR	AS A CONSE	analyce(be):		,			
13146,	atic par	RTIFICATION	Sequentially list conditions,									
	be ex		If any, leading to immediate cause. Enter UNDERLYING									
BOX	ficate be e physician ne prior to		CAUSE (Disease or Injury Co. A.									
o O	certificate nding physi Hygiene pri or other to	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST									
	death certification attending a ental Hygien Iry, or oth	빙			d					-		_
	Me e		PART II. Other algoriticent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?									
8	that the ed by the and he and in	2	Chrom of sturclue pulm diagons 1 yes 20 NO									
္ပ	requires the een signed of Health a shows any	PHYSICIAN: MEDICAL										
H	law requires as been sign Dept, of Heal 23 shows									_		
			25. WAS CASE REFERRED	TO MEDICAL				26. (PLACE OF DEATH (Che	eck only one)		-
E	SCIAN: The certificate h the State C		EXAMINERY 1 YES 2 NO		1 Inpetient 2 = El	R/Outpetlant 3		THER:	me 5 - Residence	8 Other (Specify)		
OF VITAL	PHYSICIAN: this certifica with the St rhed, or it	Ě	21 MANNER OF DEATH		280, DATE OF IN.	JURY	28b. TIME O	F 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCC	:u
	NG PHYS ther this cash with marked,	4.07	_	Pending	(Month, Day,	Year)	INJUR		VORK?			
Z	After death	BY	2 Accident 3 Suicide	Investigation	28e. PLACE OF II	NJURY — At ho	oma, farm, atre			281, LOCATION (Street	and Number	0
ISION	TTENDING CTDR: After after death 28 is ma	8	4 Homicide	Could not be determined	building, atc	. (Specify)		,		City or Town, State		
N	R EC	4	the Common V									
□	TAL OR AL DIRE 72 hours # Nem	P.	CONSCR. ONLY		BICIAN: To the best of my							
	TO THE HOSPITAL OR A TO THE FUNERAL DIRE be filed within 72 hours IMPRETANT: If them	COMPLE	7) MEI	DICAL EXAMIN	ER: On the basis of exam	lination and/or	Investigation, I	n my opinion,	death occured at the	time, data and place, a	nd dua to the	D
	E FE FE FE		290. BIGHATURE AND TITL	E OF CENTIFIE		A r		D	29c. LICENSE NUM	IBER	29d. DATE	
	4 4 5 5	BE (Tellin	lue	NOSEL	(11)	1 M	<i>y</i>	160 0	27409	16	٥
		2	36. NAME AND ADDRESS (•		1		-
	17	-	Lawrence	D. Bo	ohan, MD	, Dut	chmar	's L	n, Easto	on;Md.,	2160]	L
_			31. DATE FILED (MOOTH, QU	magon	32. REGISTRAR'S		The same					-
			I JUN Z	X JU	SERVICE AL	THE PERSON NAMED IN	4 6 14					

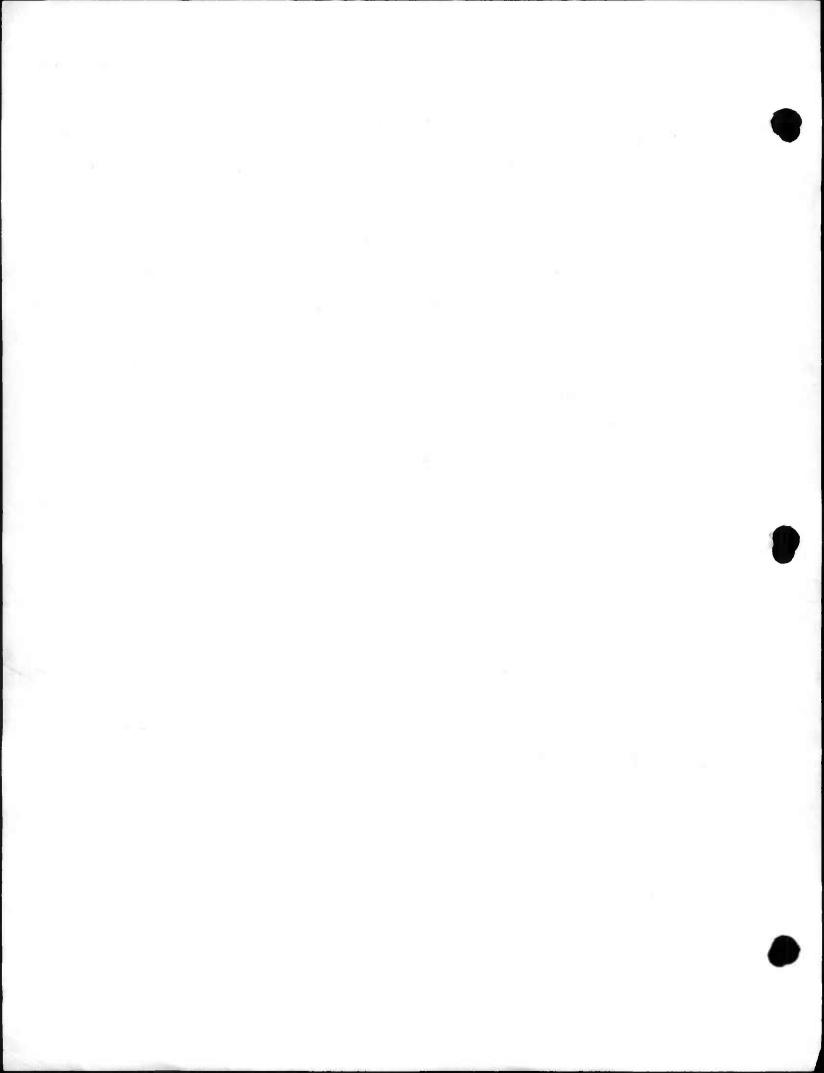
FOR	CTATE OF MADVI AND	/ DEDART	ACUT OF HEALTH AND	MENTAL HVOICH	- O	0			
1 - STATE REGISTRAR			MENT OF HEALTH AND I	MENIAL HYGIEN REG. NO	7////	20017			
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DO	LV VE	3. TIME OF DEATH			
Evelyn	L.	Patte	rson	June 27	.1990	2:53 P.M			
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. id		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign Country)			
227-16-9538	1 M 2 GF 75	YRS.	DAYS HOURS MIN.	(Month, Day, Year) 6/6/1915		/irginia			
	ospital		Easton			lbot			
RESIDENCE OF DECEDENT	Ospical		Easton		<u>I</u> Ia	1000			
10a. STATE 10b. COUNT			OWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	anon	R	ichland			1 YES 2 NO			
823 East Linde	en		10f. ZIP CODE 17087			S.A.			
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X	RMED	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics		or No- 14.	RACE — American Indian, Black, White, atc.			
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES ZY NO Specif			White			
15. DECEDENT'S EDU (Specify only highest grade	ICATION 16e. D	ECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU	SINESS/INDUST	TRY			
Elementary/Secondary (0-12)		e. Do NOT use r	k done during most of working effect.)	80	hool				
12		Cusco	aran	30	1001				
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
Samuel L. A	ustin		Eva G	ranger					
19a. INFORMANT'S NAME (Type/Print)	1	96. MAILING AI	ODRESS (Street and Number or Rural	Route Number, City or Tow	m, State, Zip Co	de)			
Jerry E. Pa	tterson	4725	Alton Place	N.W., Wa	sh., I	O.C. 20016			
20a, METHOD OF DISPOSITION 0/. 1 Strength Stren	30/90 novel from State	E OF DISPOSIT	ON (Name of cemetery, crematory or	20c. LC	CATION — City	or Town, State			
4 Donation 6 Other (Specify)			Cemetery _		Richla	and, Pa.			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF FA	CILITY	•				
1 JOHN Z	MERCEROD		Newnam Fun			ton, Md.2160			
23. PART I. Enter the diseases, or		death. Do not							
shock, or heart failure. Liet only one cause on sech lins.									
IMMEDIATE CAUSE (Finel disease or condition		000	remie			2-4 dan			
resulting in death)	DUE TO (OR AS A CONS	EDUENCE OF:	recurry			2 7 (00)			
_	DATE MEMBERS DATE	0							
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONS	EOUENCE OF):							
cause. Enter UNDERLYING									
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	EOUENCE OF):							
resulting in death) LAST									
	4.								
PART II. Other eignificent condition	na contributing to death but no	Presulting in	the underlying couse given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
- Chirolin	0122mmsc)	lue	Juliu dias	COO 1 YES	NO NO	COMPLETION OF CAUSE DF DEATH?			
			U			1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER	1		26. PLACE OF DEATH (C	heck only one)					
1 TES 2 NO	POSPITAL: 1 iv inpetient 2 - ER/Outpetient		OTHER: Nursing Home 5 Residence	6 Other (Specify)					
27 MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		28d. DESCRIBE HOW	INJURY OCCUP	RED			
Natural 5 Pending Investigation			M 1 YES 2 NO						
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	homa, farm, atr	eet, factory, office	281. LOCATION (Street City or Town, State		Rural Route Number,			
				1					
(Critical obly	BICIAN: To the best of my knowledge,		All the second second second second						
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
290. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
			230 Elegrise no	mben -	LIGHT DATE S	IGIVED (MONIN, Car, 1941)			
/ summe	Desellin	INN	D Itt 7	27409	16.	27-90			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	nsak re	BECCA E.	PENSAK		2. DATE OF DEATH MONTH DA	14 8	3. TIME OF DEATH		
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign Country) MARYLAND		
	9a. FACILITY NAME (If not institution, give street	and number)	96	CITY, TOWN O	R LOCATION OF DE	4/12/8 ath	9c. COUNTY			
TOR	ST Agnes Ho	spital	PICO	Bal	timor	5	_			
DIRECTOR	Maryland 106. County	10c. CITY, TO	OWN OR LOCAT		d ę	10d. INSIDE CITY LIMITS? 1 XYES 2 □ NO				
	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	6008 BAYWOOD AVE.	U.S. ARMED	ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (S				RACE — American Indian,			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	2 NO TES	If yes, spe		n, Puerto Rican, etc.)	Black, White, atc. Specify: White				
COMPLETED	15. OECEOENT'S EDUCATIO (Specify only highest grade com	pleted)	16a. OECEDENT'S USE (Give kind of work life. Do NOT use re	done during mos	N at of working	16b. KIND OF BUS	BUSINESS/INDUSTRY			
MPLE	0	oflege (1-4 or 5 +)		N	ONE		NONE			
00	17. FATHER'S NAME (First, Middle, Last) Stewart Penso	ak				ME (First, Middle, Melden		<pre>< oimenstein</pre>		
TO BE	19a. INFORMANT'S NAME (Type/Print) STEWART PENSAK			DRESS (Street a	nd Number or Rural F	BALTO.	n, State, Zip Coo	1209		
	20a. METHOD OF OISPOSITION	from State 26b.	PLACE OF DISPOSITION	ACE OF OSPOSITION (Name of cometery, cremetory or the college) HEARITH ISRAEL			20c. LOCATION — City or Town, State BALTIMORE, MD			
	21. SIGNATU E OF FUNERAL SERVICE LICENS 22. SIGNATURE OF FUNERAL SERVICE LICENS 23. SIGNATURE OF FUNERAL SERVICE LICENS 24. SIGNATURE OF FUNERAL SERVICE LICENS 25. SIGNATURE OF FUNERAL SERVICE LICENS 26. SIGNATURE OF FUNERAL SERVICE LICENS 27. SIGNATURE OF FUNERAL SERVICE LICENS 28. SIGNATURE OF FUNERAL SERVICE LICENS 29. SIGNATURE OF FUNERAL SERVICE LICENS 29. SIGNATURE OF FUNERAL SERVICE LICENS 20. SIGNATURE SERVIC		JIBARTIII		D ADORESS OF FAC		ALTINO	KE, MD		
	Jan Leur	in				& BROS.,		O MD 21215		
	23. PARY 1. Enter the diseases or component. Liet IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARD	the daeth. Do not ch line. ORESP CONSEQUENCE OF:				ratory arrest	Approximate Interval Between Onset end Death 5 mins		
NOI	Sequentielly list conditions, if eny, leading to immediate	SEVER DUE TO (OR AS A	CONSEQUENCE OF):	FRAA	LOPAT	Н		7 years		
FICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	M enta	1 Autorda CONSEQUENCE OF):	ution /	Palsy	tyeurs				
CERTIFICATION	that initiated events resulting in death) LAST		Micro uphaly, Facial Amonalis					7 years		
CALC	PART II. Other algnificant conditions co					Part 1. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO		
MEDIC	patient has been multiple facial o	nomalis.	L'abetes	insi p	years,	1 🗆 YES 2	NO	OF DEATH?		
AN: N	slinures, gastro	story tube								
PHYSICIAN:		OSPITAL:		THER:	ACE OF OEATH (Ch	a C Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY AT 28d. OE\$CRIBE HOW INJURY WORK?				JURY OCCUREO		
ED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	/At home, farm, street, factory, office			281. LOCATION (Street and Number or F City or Town, State)		Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated.									
COM	2001	n the basis of examination	and/or investigation, i	n my opinion, d	eath occured at the	time, data and place, an	nd due to the c	ause(a) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SI	IGNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO Rebucca Salviess, M	DMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri	m) 900	Ave. Bal	Ihmer Md	2/229			
	31. DATE FILEOJUDE, DATE 1990			,, 0,0	1100		-,)	-		



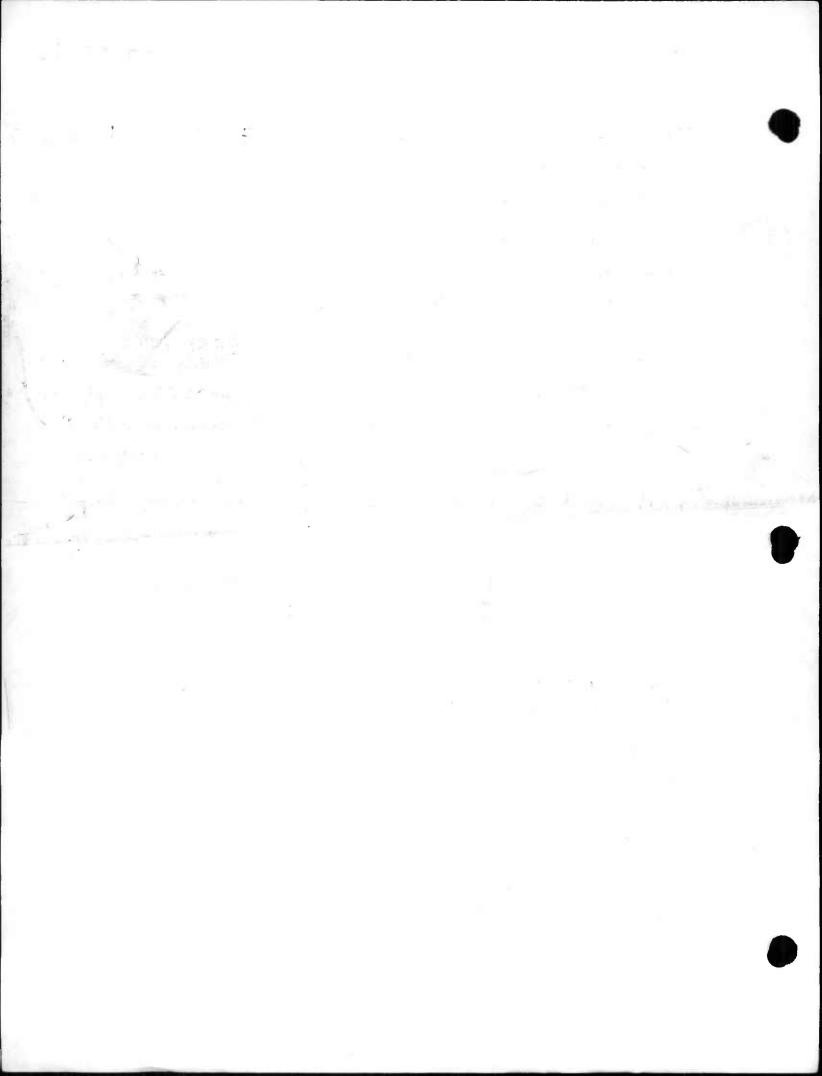
1	-	FOR STA REC		RA
	1. D	ECED	ENT'	S N
	-	TO		-

CTATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYOURSE

	STATE STATE CF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	JAMES ALDWZO KOTTINS 7 16 90 1426 TH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 15 NONTHS DAYS HOURS MIN. (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 8. BIRTHPLACE (State or Foreign Country)
	3,0 0,5
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) FREDERICK MEMORIAL HOSPITAL FREDERICK RESIDENCE OF DECEDENT 96. COUNTY OF DEATH FREDERICK FREDERICK 96. COUNTY OF DEATH FREDERICK FREDERICK 96. COUNTY OF DEATH FREDERICK 96. COUNTY
EC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY
	MD FREDERICK FREDERICK 1X YES 2 - NO
FUNERAL	201 A W. SOUTH ST 21701 USA
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. &RIMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No— 14. RACE — American Indian, Black, White, etc.) 14. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES If yes, specify: 1 YES 2 NO Specify: 1 YES 2 NO Specify: 1 YES 2 NO Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working
	(Specify only highest grade completed) Elementary/Secondary (0-12) G TH. College (1-4 or 5+) STOCK CLERK GROCERY STORE
MP	6 TH. STOCK CLERK GROCERY STORE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
	JOHN ROLLINS ETHELL PROCTOR
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	DOROTHY B. ROLLINS 201 A. WEST SOUTH ST. FRED, MD. 21701
	20s. METHOD OF DISPOSITION 1/2 Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 8ELLS CHAPEL CEM. DICKERSON, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUTTER FUNERAL HOME - BALT. MO NUTTER FUNERAL HOME - BALT. MO 2501 GWYNNS FALLS PKWAY 21216
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Fine) disease or condition CARDINE PREST
	resulting in death) a. Due TO (or As A CONSEQUENCE OF):
N	Sequentielly list conditions. The Sequentielly list conditions. The Sequentielly list conditions.
CERTIFICATION	the ending to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): VOM VOM VOM VOM VOM VOM VOM VO
FIC.	CAUSE (Disease or Injury that initiated events Due to (or As a consequence of):
H	resulting in death) LAST
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	CARCINICADA LILANDS CIP III I CARCATAMA DIALA DEL
EDI	CONTRACTOR SECULIAR DE 1 YES 2 NO OF DEATH?
Σ.	1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
Ής	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? INJURY WORK?
BY	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO
ED	3 Suicide 6 Could not be determined Could not be determined Could not be determined Coulding, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
TO B	Mun 1. 10 17/17/80
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHNSON DR FREDERICK MID 2170)
	31. DATE FILED (Month, Day, Year) Julia Sandon-Amballe

1.1. *

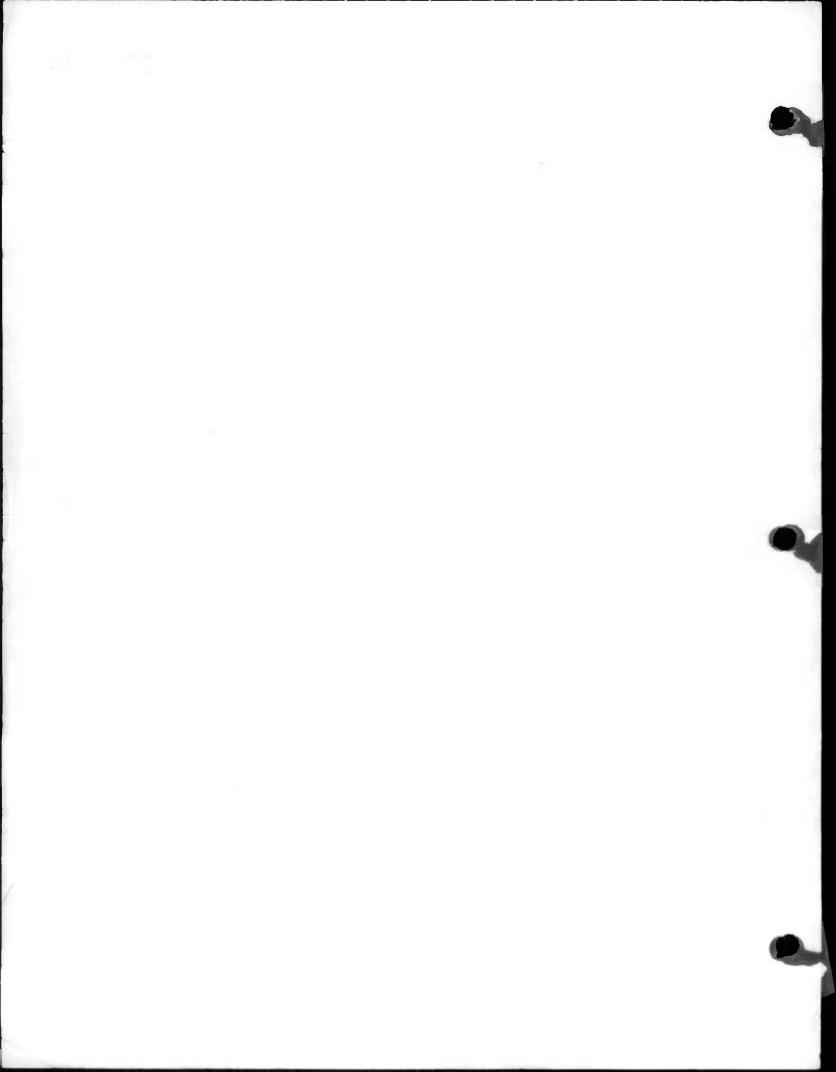
DHMH-16 Rev 1/89



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- F	REGISTRAR				CERTIFIC							
1. DEC	CEDENT'S NAME (First,	, Middle, Lest) niel Je	OSEPH	Raski	in			2. OAT	e of death th -16-90	γ γι	EAR	TIME OF DEATH 7:50PM M
-						- IMMER - I''				1.		
	cial security nume 16–52–089!	0-0111	5. SEX	6. AGE (In yrs. 31		NTHS DA		HRS. 7. DATI (Mor 4/2	E OF BIRTH hth, Day, Year) 24/59		Country)	CE (State or Foreign
9a. FA	ACILITY NAME (If not in	stitution, give s	treet and number)		9	9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY	OF DEAT	н
	University		ital			Bal	timore	more City				
10a. S	ARYLAND	10b. COUNTY B	ALTIMORE		10c. CITY, T	VINGS	OCATION MILLS					d. INSIDE CITY LIMITS? TYES 2 NO
10e. S	STREET AND NUMBER						101. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
	014 DERBY	LANE					1	117		USA		
1 🔀	11. MARITAL STATUS 1 Merried 2 Married 3 Wildowed 4 Divorced 12. Was DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				ARMED XNO	If ye	DECENDENT OF s, specify Cuban, YES 2 X NO	Mexican, Puarte		or No 114	Black, W Specify:	American Indian, Tritta, atc. WHITE
	15. DEC	EDENT'S EDU	CATION completed)	16n.	DECEDENT'S US	WAL OCCU	PATION or most of working	10	Bb. KIND OF BUS			
EI	lementary/Secondary (College (1-4 or 8 +)			ng most of working					ORTATION
	1		5+		INVEST	l'IGAT				TY BOA	ARD	
17. FA	THER'S NAME (First, M		77.73.7						, Middle, Malden			
	DR. HOWA		KTN	-	A. T				GINSBE		4.	
	INFORMANT'S NAME (N.T.				treet and Number or					
	R. HOWARD		N				OD LA.				211	
1 X	METHOD OF DISPOSIT Burlel 2 Crematic Donation 5 Other	on 3 🗆 Rem r (Specify)		othe	CE OF DISPOSIT Place) TIMORE	HEBR			-	CATION — CIT EISTER		
21. 80	IGNATURE OF FUNERA	1	centre .				SOL LEV	INSON 8				07.65
	dra			~		1601	O REIST	R STYOM	a BD	PAT.TYO	MD	21215
	shock, or h	neart fellure.	compilcetione the List only one cau									Approximate Interval Between Onset and Death
iMM dise resu	shock, or h REDIATE CAUSE (Fi sees or condition uiting in death)	neart fellure.	a. Head ir	se on eech i njuries (OR AS A CON	S With (t enter the	e mode of dying	g, euch ee co				Approximate Interval Between
iMM dise resu	shock, or h REDIATE CAUSE (Finese or condition_	tions, sodiate ring	a. Head ir DUE TO b. DUE TO c.	Se on eech I	line.	compl	e mode of dying	g, euch ee co				Approximate Interval Between
Seq if ar caur that	shock, or had been a shock, or had been a condition witing in death) guentielly list conding, leading to immediate. Enter UNDERLY JSE (Disease or injuditing in death) LAS	tions, ediate //ING ury	a. Head ir DUE TO b. DUE TO c. DUE TO d.	SE ON SECTION OF AS A CON	S WITH (ISEQUENCE OF): ISEQUENCE OF):	comp.	ication	g, euch ee co	erdiec or reepi	ratory arree	yt,	Approximate interval Between Onset and Death
Sequif ar cause CAU	shock, or had been a condition witing in death) juentially list conding, leading to immesse. Enter UNDERLY JSE (Disease or injuited events	tions, ediate //ING ury	a. Head ir DUE TO b. DUE TO c. DUE TO d.	SE ON SECTION OF AS A CON	S WITH (ISEQUENCE OF): ISEQUENCE OF):	comp.	ication	g, euch ee co		AUTOPSY	24b. W	Approximate Interval Between
Sequif ar cause CAU that	shock, or Interest of the second state of condition at the second state of the second state of the second s	tions, ediate find ury	a. Head in DUE TO b. DUE TO c. DUE TO d	SE ON SECTION OF AS A CON	S With (ISEQUENCE OF): ISEQUENCE OF): Ot resulting in	compl	ication	s, euch ee co	24a. WAS AN PERFOR	AUTOPSY	24b. W	Approximate interval Between Onset and Death Onset and Death
Sequif ar cause CAU that	shock, or Interest of the second state of condition at the second state of the second state of the second s	tions, ediate find ury	a. Head in DUE TO b. DUE TO c. DUE TO d	SE ON SECTION OF AS A CON	S With (ISEQUENCE OF): ISEQUENCE OF): Ot resulting in	t enter the	ication	yen in Part I.	24a. WAS AN PERFORMATION (One)	AUTOPSY	24b. W	Approximate interval Between Onset and Death Onset and Death
Seq if ar cauring CAU that resu	shock, or interest shock, and i	tions, ediate ling ury ST To MEDICAL	a. Head ir DUE TO b. DUE TO c. DUE TO d.	GR AS A CON (OR AS A CON (OR AS A CON deeth but note that the control of the c	ISEQUENCE OF): ISEQUE	t enter the	ication ication origing cause given the second of the second of the second or second	ven in Part i.	24a. WAS AN PERFOR	AUTOPSY AMED?	24b. W	Approximate interval Between Onset and Death Onset and Death
Sequification of the sequinary of the se	shock, or interest shock, and i	tions, ediate find ury strong ant condition	a. Head in DUE TO b. DUE TO c. DUE TO d	GR AS A CON (OR AS A CON (OR AS A CON deeth but not be	ISEOUENCE OF): ISEOUENCE OF):	t enter the	ication ication irlying cause given by the second cause given by the	ven in Part i. ATH (Check only) Idence 8 0 28d. I. STY 28f. L.	24a. WAS AN PERFOR XX YES 2 ther (Specify) DESCRIBE HOW DO JECT 16 UCK head OCATION (Sinsel	AUTOPSY AMED? INJURY OCCU EII bo	24b. WARED ACKWOLF For a Foural Roce	Approximate interval Between Onset and Death Onset and Death
Seq if ar cauthat result that result 25. W	shock, or in shock, or in shock, or in shock, or in section with the shock of the s	tions, ediate line line line line line line line lin	a. Head in DUE TO b. DUE TO c. DUE TO d	GR AS A CON (OR	ISEQUENCE OF): ISEQUENCE OF):	the under the un	ication ication irlying cause given by the cause	ren in Part i. ATH (Check only Idence 8 0 0 20d. E 20d. E 20d. E 20d. E	244. WAS AN PERFORMANCE OF THE COMPANY OF THE COMPANY OF THE CONTROL OF THE COMPANY OF THE COMPA	AUTOPSY AMED? INJURY OCCU Cell both from and Number of Chue/Gy	24b. W	Approximate interval Between Onset and Death Onset and Death
Seq if ar cauchy that results are sequenced by the sequence of	shock, or in shock and in shock	tions, ediate filing ury st Condition in Medical. To Medical investigation in Condition in Medical investigation in Condition in Condi	a. Head in DUE TO b. DUE TO c. DUE TO d	GR AS A CON (OR	ISEQUENCE OF): ISEQUENCE OF):	the under the un	e mode of dying iCation origing cause given 28. PLACE OF DE. g Home 5 - Ree 8c. INJURY AT WOORK? THE YES 2 - h, office e, dets and place,	ven in Part I. ATH (Check only) Idence 8 0 28d. [SU 28f. L 28f.	24a. WAS AN PERFORMANCE OF COMMENT OF COMMEN	AUTOPSY RMED? INJURY OCCU ELL From and Number of	24b. w A C D X A C C C C C C C C C C C C C C C C C C	Approximate interval Between Onset and Death Onset and Death
Seq if ar cause CAU that result 12	shock, or interest shock, and in	tions, ediate line line line line line line line lin	a. Head in DUE TO b. DUE TO c. DUE TO d	GR AS A CON (OR	ISEQUENCE OF): ISEQUENCE OF):	the under the un	ication ication irlying cause given by the cause	ven in Part I. ATH (Check only) Idence 8 0 28d. [SU 28f. L 28f.	24a. WAS AN PERFORMANCE OF COMMENT OF COMMEN	AUTOPSY AMED? INJURY OCCU Cell both from and Number or Chuc/Gy Chuc/G	24b. W A A C C C C C C C C C C C C C C C C C	Approximate interval Between Onset and Death Onset and Death
Sequification of the sequinary of the se	shock, or in shock, or in the shock, or in the shock of the shock of the shock only in the shock only	tions, ediate filling investigation condition investigation condition condition investigation could not be determined attribute.	a. Head in Due to b. Due to b. Due to c. Due to d	GR AS A CON (OR	ISEOUENCE OF): ISEOUE	the under the un	ication ication irlying cause given by the cause	ren in Part i. ATH (Check only) Idence 8 0 28d. E SU 28f. L BO and due to fine d at the time, d	24a. WAS AN PERFORMANCE OF COMMENT OF COMMEN	AUTOPSY AMED? INJURY OCCU Cell both from and Number or Chuc/Gy Chuc/G	24b. W A A C C C C C C C C C C C C C C C C C	Approximate interval Between Onset and Death Onset and Onset a
Sequified and sequiples of the sequiples	shock, or handle shock, or handle shock, or handle should be seen or condition uiting in death) Juentieliy list conding, leading to imme see. Enter UNDERLY JSE (Disease or Inj. initiated events uiting in death) LA: AT II. Other signific WAS CASE REFERRED EXAMINER? THY VES 2 NO MANNER OF DEATH Natural 5 Macident Suicide 8 CERTIFIER (Check only one) ME	tions, ediate filling investigation of Could not be determined etermined etermined of Could not be determined etermined etermined of Could not be determined etermined etermined etermined of Could not be determined etermined et	a. Head in Due to b. Due to c. Due to d	GR AS A CON (OR	ISEOUENCE OF): ISEOUE	the under the un	ication ication irlying cause given by the cause	ATH (Check only) Idence 8 0 28d. t SU STY 281. L C BO and due to the d et the time, d	24a. WAS AN PERFORMANCE STATE OF THE PERFORMAN	AUTOPSY MED? INJURY OCCU ell bot from and Number or Prue/Gy nner as stated and due to the	24b. WARED ACKWOLE FORCE PRIVATE PROCESSIONED (ACCORDANCE)	Approximate interval Between Onset and Death Onset and Onset a
Seq if ar cauthat result that result 25. W 1 27. M 29a. 30. N 1 29a.	shock, or handle shock, shock and handle shock, shock and handle shock and handle shock and handle shock and handle shock only one) shock, or handle shock, or handle shock on handle shock shock and handle shock and handle shock only one) shock, or handle shock, or handle shock on handle shock and handle shock only one) shock, or handle shock, shock and handle shock and handle shock and handle shock only one)	tions, ediate line line line line line line line lin	a. Head in DUE TO b. DUE TO c. DUE TO d	GR AS A CON (OR	IN BEOUENCE OF): ISEOUENCE OF	the under the un	ication ication irlying cause given by the second cause given by the	ATH (Check only) Idence 8 0 28d. t SU STY 281. L C BO and due to the d et the time, d	24a. WAS AN PERFORMANCE STATE OF THE PERFORMAN	AUTOPSY MED? INJURY OCCU ell bot from and Number or Prue/Gy nner as stated and due to the	24b. WARED ACKWOLE FORCE PRIVATE PROCESSIONED (ACCORDANCE)	Approximate interval Between Onset and Death Onset and Onset Ave. And The Control of Control on Onset and Onset

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		CERTI	FICATE O	F DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH		3. TIME OF DEATH
	LOUIS ROMA	W			JÜLY 18	, 1990	2:32 P. M
4. SOCIAL SECURITY NUMBER 214-34-3009	5. SEX 8. A 1 ☑ M 2 ☐ F	GE (In yrs. lest birthday	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 6/3/10	Cour	HPLACE (State or Foreign try) ARYLAND
9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOV	N OR LOCATION OF DE		9c. COUNTY OF	
SINAI HOSPITAL				BALTIMORE			
106. STATE 106. COUNT	ŕ	10c. C	TY, TOWN OR LO	CATION CIMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 3406 OLYMPIA AVE	•			101. ZIP CODE 21	215	10g. CITIZEN OF	WHAT COUNTRY?
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVEN FORCES? 1 X Y SEE SEE SEE SEE SEE SEE SEE SEE SEE S	rES 2 NO	If yes	DECENDENT OF HISPAI , specify Cuben, Mexica YES 2 XNO Specif		Ble	CE — American Indien, ck, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION		'S USUAL OCCUP		16b. KIND OF BU	SINESS/INDUSTRY	WHITE
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT	of work done during use ratired.) MERCHA			RETAI	L
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	-
FRANK ROMAN					OLLIE WOL		
19a. INFORMANT'S NAME (Type/Print) MRS. LILLIAN ROM	AN	1000	OLYMP	The second second second	Route Number, City or Tow BALTO., MD	21215	
20e. METHOD OF DISPOSITION 1 (Burlel 2 Cremation 3 Rem	oval from State	other place)		f cemetery, cremetory or		CATION — City or	Town, State
4 Donation 5 DOther (Specify)	-	MOSES MON		E WOODMOOR		BALTIMOR	E, MD
21. SIGNATURE OF EMPERAL SERVICE LA	HENSEE		5		ON & BROS.		. 01015
23. PART I. Enter the diseases, or	mplications that ca	used the death. Dr			STOWN RD.		D 21215 Approximata
shock, or haert feilure. iMMEDIATE CAUSE (Finei disease or condition	List only one ceuse of	on each line.			iii as caluled of teep	natory arrest,	interval Between Onset and Death
resulting in death)	a. QVC	AS A CONSEQUENCE	OF):				54
Sequentially list conditions, if any, leading to immediate	bOUE TO (OR	AS A CONSEQUENCE	OF):				
cause. Enter UNDERLYING CAUSE (Disease or injury	¢				**		
that initiated evants reaulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):				
PART ii. Other significant condition	ne contributing to dea	th but not resultin	g in the under	iving cause given in	Part I. 24a. WAS AF	ALITOPSV 2	Ib. WERE AUTOPSY FINDINGS
					PERFO	RMED2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERENCE TO MEDICAL			2	6. PLACE OF DEATH (CA	heck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER	/Outpatient 3 DOA	OTHER:	Home 5 - Reeldence	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28e. OATE OF INJU	URY 28b. 1	IME OF 28c	. INJURY AT WORK?	28d, OEŞCRIBE HOW	INJURY OCCUREO	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF IN. building, etc.	JURY — At home, ferr (Specify)			28f. LOCATION (Street City or Town, State		I Route Number,
200 CEUTIFIED							
(Check only	ER: On the basis of exami						e(e) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	1 Mean			29c/NCENSE NU	MBER 34	29d. DATE SIGN	10/9 U
30. NAME AND ADDRESS OF PERSON W	SHEAR	F DEATH (ITEM 27) ()	7/5 (PARK +	tots No	2 Bal	t My HNS
31. DATE FILED (Month, Pay, Year)	32 PREGISTRAN'S	SIGNATURANDOL	2				

il examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal,	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp
CHARLES, MALLES	

	FOR 1 . STATE	STATE OF MARY						MENTAL			20	20022
	1. DECEDENT'S NAME (First, Middle, Last) CALVIN R	Calvin R. SCHUTZ				OF	DEATH	2. DATE MONTH		AY	year 90	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		E (in yrs. last		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	Jul	OF BIRTN		B. BIRTHPL Country)	ACE (State or Foreign to. Md.
TOR	9a. FACILITY NAME (If not institution, give str St. Agnes Hosp.	eet and number)					Md.	ATN		9c. COUN	TY OF DEAT	TN
DIRECTOR	10a. STATE 10b. COUNTY Md.				town o	Md.						Dd. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3350 Strickland	l St.					21229			U. S		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	2 2 M	0		If yes, spe	ENDENT OF HISPAN octify Cuban, Mexicon 2 NO Specify	n, Puarto F		e or No—	I4. RACE — Black, V Specify:	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(G/s	CEDENT'S We kind of W Do NOT us hols	ork done e retired.)	CCUPATIO during mod	N st of working		KIND OF BU		ISTRY	11122 00
BE CON	17. FATHER'S NAME (First, Middle, Last) Henry Schut	tz					18. MOTNER'S NA Florin	,		Sumame)		
70	19a. INFORMANT'S NAME (Type/Print) Mrs. Winifred C.	Schutz					nd Number or Rurel F nd St. B					
	20s, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	wal from State	20b. PLACE (other pla LO	of dispos adon		rk C	em .			Balto.	,	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICE G. Truman				1		Frederi		Ave. I	Balto.	Md.	. 21229
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or	aach lina.					h ss card	flac or resp	iratory arre	st,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Congestive Iteart Failure Due to (or as a consequence of): Metastatic Lung Ca Due to (or as a consequence of): Myoundial Infanction Due to (or as a consequence of):											
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEC? 1 YES 2 NO 1 YES 2 NO								VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3	□ DOA	OTHE	R:	ACE OF OEATN (Ch					
	27. MANNER OF DEATN 1 X Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea	RY	28b. TIM		28c. INJ WC		_	SCRIBE HOW	INJURY OCC	URED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Nomicide datermined	28e. PLACE OF INJU building, etc. (S	URY — At hor Specify)	me, farm, s	street, fec	tory, offic	•		ATION (Street or Town, State		or Rural Roo	ute Number,
COMPLET	one)	CIAN: To the best of my kr										and manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER MIYUN OF 30. NAME AND ADDRESS OF PERSON WH	101 , M.1		4 27) /Ema	Print)		29c. LICENSE NUI	MBER		100		Worth, Day, Year) 2 / / 990

Baltimore

MD

21229

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1500. Print)

St. Agnes Hospital Baltimor

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale

St. Agnes
31. DATE FILED (MOREN, Day, Year)
JUL 231990

DHMN-16 Rev 1/89

. AT . 1 2



	1 - STATE REGISTRAR	SIMIL UF	טואמו באוזט	CERTIF	ICATE OF	DEATH	MIENIA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		3.	TIME OF DEATH
	ROGER	М.		SPEN	GLER		Ju1		1990	EAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)			CE (State or Foreign
	234-60-7907	1 M 2 F	52	YRS.	MONTHS DAYS	HOURS MIN.		22-193	88 W.		rginia
	9a. FACILITY NAME (If not institution, give :	treet and number)			9b. CITY, TOWN	OR LOCATION OF D		200	9c. COUNTY		
HO	1719 Wentworth	Road			Parkv	ille			Balt:	imor	e
DIRECTOR	RESIDENCE OF DECEDENT			1							
2	10a. STATE 10b. COUNT				Y, TOWN OR LOC						d. INSIDE CITY LIMITS?
	Maryland Balt	imore		Pa	rkvill						YES XXNO
EHAL		Dood			1	Of. ZIP CODE					T COUNTRY?
7	1719 Wentworth	12. WAS DECEDER	T EVED IN II e	ABMED	42 WE D	21234 CENDENT OF NISPA	NIC ODION	N2 (Parally Ma	U.S		American Indian
BY FUN	1 Never Married XXXX Married 3 Widowed 4 Divorced	FORCES?	MAR OR DATES	NO	If yes, I	specify Cuban, Maxic	an, Puarto	Rican, etc.)		Black, W Specify: Whit	American Indian, hita, atc.
ב	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a.	DECEDENT'S	USUAL OCCUPAT	TION	161	. KIND OF BUS			
u	Elementary/Secondary (0-12)	College (1-4 or 5	+)	IMe. Do NOT u	se retired.)	rost or worning	- 10				
COMPL	12 Years 1	Year	De	esk C	lerk			Compu	iters		
2	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	AME (First,	Middle, Malden			
1		M	Spe	engle		Helen		3.		ssey	
0	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					1234
	Louise C. Spen					orth Ro	ad E				
	20a. METHOO OF DISPOSITION Disposition 3 - Rem	noval from State	other	place)		emetery, crematory or			CATION — CIT		
	4 Donation 5 Other (Specify)	CHARLE	Dula	aney		Mem. G					aryland
	· John E.	Jolon	/		Will 8521	iam E. Loch R	JOhr aver	nson, Blvd	A.Fa	iner	al Home MD21204
CERTIFICATION	23. PARY I. Enter the diseases, or shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due To Due To c.		SEQUENCE C	ordia OF):/con	e dec	th	ulac of resp	ratory arres		Approximate Interval Between Onset and Deeth
H	resulting in death) LAST	4									
2	DADE II Out as dealfines as a fill									1	
N: MEDICAL	PART II. Other aignificant conditio	ns contributing to	daath but no	ot resulting	In the undarly	ng cause given fr	Part I.	24a, WAS AN PERFOI 1 YES 2	RMED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF OEATH (C	hack only o	ne)			
2	1 TYES 2 NO	1 Inputiont 2		-	4 - Nursing He	ome 5 TX Residence					
BY PH	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	JURY \	NJURY AT VORK? YES 2 NO	28d. DE	SCRIBE NOW	INJURY OCCU	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — AI , etc. (Specify)	home, farm,	street, fectory, of	lice		CATION (Street or Town, State,		Rural Roul	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS										nd menner as stated.
O BE	296. SIGNATURE AND TITLE OF GERTURI	Sunt	and	ns		DAS	Manage and	1	29d. DATE		onth, Day, Year)
-	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAN	SGO!	LOCK	Raver	rBluch	Be	Ho M	id 21	230	9
			AR'S SIGNATUR				- 0				4

BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It leem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any i

	FOR	STATE OF MARYL	AND / DEPART	IMENT OF HE	FAITH AND N	IENTAL HYGIEN	F	0 20027
	1 - STATE REGISTRAR	Onaz or anamz		CATE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	. /	3. TIME OF DEATH
	ANNIE SP	ENCER				MONTH /2	1/90	(0:45 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	721 40 0133	1 - M 2 - F	56 YRS.		HOURS MIN,	(Month, Pay, Year)	3 4 V	IRGINIA
DIRECTOR	9a. FACILITY NAME (If not institution, give stre	Hosp.			SON, N	_	9c. COUNTY	SALTO.
입	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCATION	ON			10d. INSIDE CITY
1 %	MARYLAND		D.	TMTMOD	n ormu			LIMITS?
	10e. STREET AND NUMBER		BA	ALTIMOR	ZIP CODE		10e CITIZEN	OF WHAT COUNTRY?
FUNERAL	446 WHITRIDGE	AVENUE			21218	1		USA
5		12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECE	NDENT OF HISPANI	C ORIGIN? (Specify Year, Puerto Ricen, etc.)	n or No— 14.	RACE — American Indian, Black, White, atc.
B	1 X Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES	1 TYES	2 NO Specify:	, Pulific Nicari, atc.)		LACK
0	15. DECEDENT'S EDUCA	ATION		USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUST	RY
	(Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	ork done during mos retired.)	t of working	СТТ	EMPL	OVEE
립	, , , , ,				COOK	(11)		OIEE
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		•		16. MOTHER'S NAM	AE (First, Middle, Maiden	Sumame)	
	THOMAS SPENCE	R			MARGA	RET SPEN	ICER	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street an	ed Number or Rural R	loute Number, City or Tox	m. State, Zip Coc	W-700 200
2	CYTHIA _ CHING		5765	HAZEL	WOOD CI	RCLE, A	PT. D	ALTO. MD. 21216
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove	val from Stata	b. PLACE OF DISPOS other place)			20c. LC CH	CATION — CITY IARLOT	or Town, Stata TE CHURCH
	4 Donation 6 Other (Specify)		ONTON C	EMETER		HC	USE,	VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0	22, NAME AN	D ADDRESS OF FAC	P. O. O	# ~~	of Jon Tomas
	111001	カトヤー	16/	T .	4600	Liber	to Hei	etts tue,
	23. PART i. Enter the diseases, or co	omplications that cause	d the leath. Do n	ot anter the mod	te of dying, such	aa cardiac or reap	iratory arrest	Approximate
	ahock, or heart feiture. L	ist only one cause on e	adde line.			·		interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	(soil	o no low	MARL A	rest	_		60 minute
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	key 1	,,,,,,			0
l _ l		(oronz	ary Ar	Leve 1	11424			14020
0	Sequantielly list conditions,		A CONSEQUENCE OF		1170			1/0010
F	if any, leading to immediate cause. Enter UNDERLYING							j
일	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	n:				
Ē	that initiated events resulting in death) LAST	,		•				
CERTIFICATION	_ d							
	PART II. Other significant conditions	contributing to death	but not resulting i	n the underlying	cause given in			24b. WERE AUTOPSY FINDINGS
MEDICAL						PERFO		MAILABLE PRIOR TO COMPLETION DF CAUSE
						_ ' ' '23	2 110	OF DEATH?
Σ								1 TYES 2 NO
Z								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che	eck only one)		
YS	1 YES 2 NO	1 Inpatiant 2 ER/Out		4 - Nursing Home		6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY WOI	RK?	26d. DESCRIBE HOW	INJURY OCCUR	ED
-	Accident Investigation				ES 2 NO			
BY		28e. PLACE OF INJUR building, atc. (Spe	rr — At nome, farm, s ecify)	Greet, factory, office	'	281. LOCATION (Street City or Town, State	and Number or i	Hurai Route Number,
	3 Suicide a Could not be 4 Homicide detarmined	bulling, atc. jopi						
	4 Homicide detarmined							
	4 Homicide detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	SIAN: To the best of my know						
	4 Homicide detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	SIAN: To the best of my know						ause(a) and manner as stated.
COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	SIAN: To the best of my know			eath occured at the	time, date and place, a	nd due to the c	ause(a) and manner as stated. IGNED (Morgin, Day, Year)
	4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	SIAN: To the best of my know			eath occured at the	time, date and place, a	nd due to the c	

Joseph Hosp. WI

K JR. MD

32. REGISTRAR'S SIGNATURE

Szint

DHMH-18 Rev 1/89

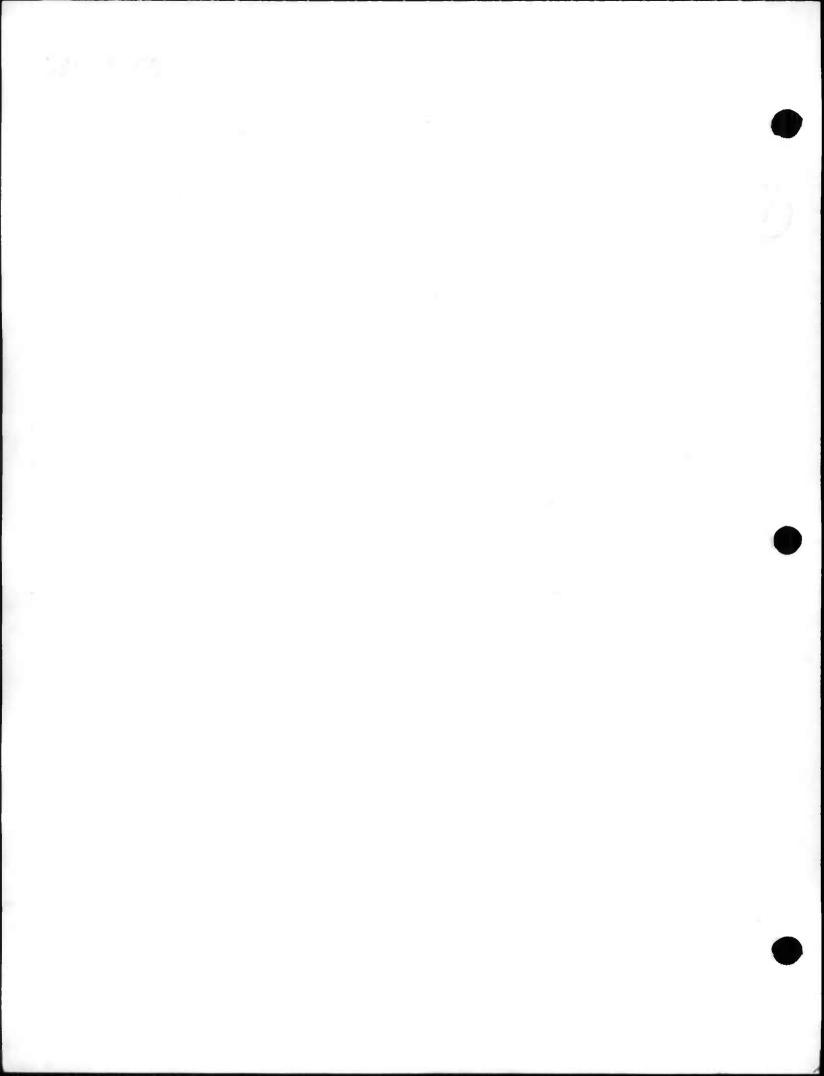
Towson, MO

ECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any in

3	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF I		MENTAL HYGIENE REG. NO.
	1. OECEDENT'S NAME (First, Mic	STRZE/GCKI			2. DATE OF OEATH DAY
	A COCIAL CECLIDITY MIMOED	E SEV E AGE //-	ten last blobdad is thinks t vean	IE LIMPLED OF MIDE	7 DATE OF BIOTH

	1. OECEDENT'S NAME (First, Middle, La	C 101			2. DATE OF OEATH		AR 3. TIME OF DEATH
		STRZE/GC			7 6		
	4. SOCIAL SECURITY NUMBER		MOR	UNDER 1 YEAR F UNDER 24 HRS. ITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		SIRTHPLACE (State or Foreign country)
	017-10-3180 9a. FACILITY NAME (If not institution, gi		0	OTTY TOWN OF A CONTINUE OF A			Massachusetts
FUNERAL DIRECTOR	SOUTH GRAM	1 /	OSPITAL	CITY, TOWN OR LOCATION OF E		PRIM	CL GEORGES
360	10a. STATE 10b. COL	INTY	OWN OR LOCATION			10d. INSIDE CITY LIMITS?	
ā		rles	LaP1	ata			1 X YES 2 NO
₹	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ij I	5507 Hidden Val			20646			d States
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic	en, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
BY	3 🖔 Widowed 4 🗆 Divorced	IF YES, GIVE WAR O	R DATES	1 TES 2 XNO Spec	lfy:		Specify: White
	15. DECEDENT'S		16a. DECEDENT'S USU	IAL OCCUPATION	16b. KIND OF BU	SINESS/INDUST	
COMPLETED	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use rei	done during most of working lived.)			
립	12		Payrol1	Clerk	Parker	Manufa	ct. Company
Š	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
BE	Joseph Gasek			Balbir	na Wisniews	ki	
TO B	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rura		n, State, Zip Coo	ie)
-	Christina A. 01	son		s Item 10a-10f			
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 F	lemoval from State	other place)	ON (Name of cometery, crematory or		CATION — Chy	
	4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE			ounty Memorial		ton, M	assachusetts
	21. SIGNATURE OF PONERAL SERVICE	MOOOSO		Henry Funeral	LService		01610
	Koware		en	33 Ward Stree			
	23. PART I. Enter the diseeses, ahock, or heart fellu	or complications that cause one. List only one cause o		enter the mode of dying, su	ch as cerdlec or reap	iratory arreat	Approximete interval Between
	IMMEDIATE CAUSE (Finel	C-	- A Trace	CW			Onset and Death
	disease or condition resulting in death)	8		r SHOCK			
		DUE TO (OR)	SEVILLE	m. 1 1A			i l
	and the second control of the second control	b	AS A CONSEQUENCE OF):	991 7 7			
0	Sequentielly liet conditions,	OUE TO (OR A					
CATION	if any, leading to immediate cause. Enter UNDERLYING	1000	SEPSIK				
IFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	· URO	SE PS S				
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· URO					
L CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. URO DUE TO (OR.	AS A CONSEQUENCE OF):	he underlying cause given i			24b. WERE AUTOPSY FINDINGS
ICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. URO DUE TO (OR .	AS A CONSEQUENCE OF):		PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
IEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. URO DUE TO (OR .	AS A CONSEQUENCE OF):			RMEO?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. URO DUE TO (OR .	AS A CONSEQUENCE OF):		PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond (ORONA R.) 25. WAS CASE REFERRED TO MEDICA	DUE TO (OR. d. tione contributing to dear	th but not resulting in t	26. PLACE OF DEATH (C	PERFO	RMEO?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond	d. DUE TO (OR.)	th but not resulting in t	ns 6	PERFO	RMEO?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond (ORONAL ON ARC) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	DUE TO (OR) d. tione contributing to deal REFEY	th but not resulting in t	28. PLACE OF DEATH (CTHER: Nursing Home 5 Residence F 28c. INJURY AT	PERFO	rmeo? 2 [Xno	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond (ORONAL ARC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR d. tione contributing to deal RTEY HOSPITAL: 1 X Inpatient 2 = EN/ (Month, Day, Ye	th but not resulting in t The	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence WORK? M 1 YES 2 NO	PERFO 1 YES: Check only one) 6 Other (Specify) 26d. OESCRIBE HOW	RMEO? 2 [XNO 2 [XNO 2 [XNO 3 [XNO 3 [XNO 4 [XNo] 4 [XNo	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond CORONARY 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH Natural 5 Pending Investigat 2 Accident Investigat 3 Suicide 6 Could not detarmine	DUE TO (OR d. tione contributing to deal RTEY HOSPITAL: 1 X Inpatient 2 = EN/ (Month, Day, Ye be PLACE OF IN.)	th but not resulting in t The property of the	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence WORK? M 1 YES 2 NO	PERFO 1 YES: Check only one) 6 Other (Specify) 28d, OE\$CRIBE HOW	RMEO? 2 [XNO INJURY OCCUR and Number or i	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 YNO 27. MANNER OF OEATH 1 Natural 5 Pending Investigat 2 Accident 3 Suicide 6 Could not detarmine 29a. CERTIFIER (Check only)	DUE TO (OR	th but not resulting in to the but not resulting in the but not resulting in the but not resulting in the but not not resulting in the but not resulting in	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO st, factory, offica	Check only one) 1 YES: Check only one) 6 Other (Specify) 28d. OE\$CRIBE HOW 28f. LOCATION (Street City or Town, Stete	INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO EO Rural Route Number,
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 YNO 27. MANNER OF OEATH 1 Natural 5 Pending Investigat 2 Accident 3 Suicide 6 Could not detarmine 29a. CERTIFIER (Check only)	DUE TO (OR	th but not resulting in to the but not resulting in the but not resulting in the but not resulting in the but not not resulting in the but not resulting in	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence F WORK? M 1 YES 2 NO	Check only one) 1 YES: Check only one) 6 Other (Specify) 28d. OE\$CRIBE HOW 28f. LOCATION (Street City or Town, Stete	INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO EO Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 YNO 27. MANNER OF OEATH 1 Natural 5 Pending Investigat 2 Accident 3 Suicide 6 Could not detarmine 29a. CERTIFIER (Check only)	DUE TO (OR	th but not resulting in to the but not resulting in the but not resulting in the but not resulting in the but not not resulting in the but not resulting in	26. PLACE OF DEATH (CT) THER: Nursing Home 5 Residence F	Check only one) 6 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, Street City or Town, St	INJURY OCCUR and Number or I	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO EO Rural Route Number, Buse(a) and manner as stated. GNED (Month, Day, Year)
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond CORONAL AR 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigat 2 Accident Investigat 3 Suicide 6 Could not detarmined 4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 CERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 1 MEDICAL EXAMINER ARCHITICE OF GERTIFIER (Check only one) 2 MEDICAL EXAMINER (Check only one) 2 MEDICA	DUE TO (OR O DUE TO DU	th but not resulting in to the but not not not not not not not not not no	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence WORK? 28c. INJURY AT WORK? 1 YES 2 NO 1, factory, offica 29c. LICENSE N 1 3 5 1 3	Check only one) a 6 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State use to the cause(a) and make time, data and place, as	INJURY OCCUR and Number or in inner as stated, and due to the ci	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO EO Rural Route Number, Buse(a) and manner as stated. GNED (Month, Day, Year)





	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the funeral director, page 5 should be detached within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF	F MARYLAN	D / DEPAI			EALTH AND I	MENTA	L HYGIE				
	1. DECEDENT'S NAME (First,	Middle, Last)	UNT	TIE	12	er.	41	MICK	2. DAT	E OF DEATH	DAY	1 a x	AR 3.	TIME OF DEATH
			, , , ,		D.					7/10		70	<u> </u>	11 ·35(Pm)
	4. SOCIAL SECURITY NUMBER		5. SEX		rs. last birthday) 1 YRS.		EAR MYS	IF UNDER 24 HRS, HOURS MIN.		th, Day, Year)		_	Country)	ACE (State or Foreign
	215-22-16	_	treet and number		4 143.	at other m	2000	R LOCATION OF DI		2-5-	_	COUNTY		nessee
Œ	Harbor H		,			1			City	-	"		EEE	
5	RESIDENCE OF DECI		ar cent	er.		Da.	LUL	more	CIU	/				
H		10b. COUNTY	4			TY, TOWN OR		ION					10	d. INSIDE CITY LIMITS?
3	Maryland 100. STREET AND NUMBER	===	===		1	Baltime	_	ZIP CODE			T 46	- OFFIRE		X YES 2 NO
FUNERAL DIRECTOR	1325 Cam	ihria	Street				101.	21 225	<		"		I.S.	
3	11. MARITAL STATUS	104,100	12. WAS DECE	DENT EVER IN U.		13. WA	S DECI	ENDENT OF NISPAI		IN? (Specify	Yea or I		RACE	American Indian,
F	1 Never Married 2 R			1 YES :				city Cuban, Mexica 2 7 NO Specif		Rican, etc.)			Black, V Specify:	Vhita, atc.
) BY	3 X Widowed 4 Divers					_ 1								White
Ē	(Specify only	DENT'S EDU- highest grade	completed)		(Give kind of life, Do NOT a	S USUAL OCC work done dur see retired.)	IPATIO	N st of working	16	b. KIND OF	BUSINE	SS/INDUS	TRY	
PE	Elementary/Secondary (0-	12)	College (1-4 o	r 5 +)				rocessor		Ba.1+	.1 m	ore G	as l	& Electric
COMPLETED	17. FATHER'S NAME (First, Mid	ddle, Last)						16. MOTHER'S NA						22000110
BE C	W. Wh	eeler	Sharp					Mar	у М.	Chat	mar	n		
10 B	19e. INFORMANT'S NAME (Ty)							nd Number or Rural						
-	Walter C		mick J					ord Driv	re .		,			22015
	20a. METNOD OF DISPOSITION 1 ☑ Burlei 2 ☐ Cremetion	n 3 🗆 Rem	oval from State		ther place)			netery, crematory or				ION City		
	4 ☐ Donation 5 ☐ Other (CENSEE	10.	Gedar			metery D ADDRESS OF FA	CILITY	De	LL U	rmore	, I'le	aryland
	116)-1	(0	-21	_		eo	rge J. G	once					
	00 00000 1 5-1-11 1	ina	ne	/ 10	nce					_				1. 21225
	IMMEDIATE CAUSE (Fine	ert fellure.	List only one	cause on eacl	h line.			ASTATI			•	•		Approximate interval Between Onset and Death
H	disesse or condition resulting in deeth)	+	e				- 17	401711		Lui	4 M	M	1CFK	\
		_		TO (OR AS A CO	BR	ONCH	10	PNET	ım	011	A			
CERTIFICATION	Sequentielly liet condition		DUE	TO (OR AS A C			•			•				
S	cause. Enter UNDERLYIN	VG	c											
TIF	that initiated events resulting in death) LAST		DUE	TO (OR AS A C	ONSEQUENCE (OF):								
EH			d							_	_			-
AL (PART II. Other significan	nt condition	ns contributing	g to death but	not resulting	in the unde	erlying	cause given in	Part i.	24a. WAS	AN AUT			PERE AUTOPSY FINDINGS
MEDIC										1 🗆 YES		_	C	OMPLETION OF CAUSE F DEATH?
ME													1	YES 2 NO
Ä														
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL			OTHER:	26. PL	ACE OF DEATH (C)	heck only	one)				
ΗXS	1 YES 2 NO			2 ER/Outpati	ent 3 🗆 DOA		_	e 5 🗆 Residence URY AT		er (Specify) ESCRIBE HO	W INLIU	IRY OCCUE	RFD.	
	1 Natural 5 🗆 F	Pending nvestigation	(Mon	th, Day, Year)		JURY M	WO	RK? YES 2 NO		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
) BY	2 C Accident	Could not be	28a. PLA	CE OF INJURY fing, atc. (Specify)	At home, larm	, atreet, lactor	y, office	•		CATION (Str		Number or	Rural Rou	rte Number,
TE		letermined	DUIK	mig, art. (Specify)					Cn	y or Town, Si	ate)			
PLE		FYING PHYS	ICIAN: To the be	st of my knowled	ge, death occu	rred at the tim	e, data	end place, and du	e to the c	bns (s)eeus	manner	as stated.		
COMPLETED	one) 2 MEDIO	CAL EXAMINE	ER: On the besia	of axamination a	nd/or investigat	ion, in my opi	nion, d	eath occured at the	time, da	ta and place	, and d	us to the c	euse(a) a	nd menner as stated.
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	1-1-C	-45	use sto	14 0	Lu	29c. LICENSE NU	MBER		29	d. DATE S	IGNED (A	forth, Day, Year)
10	G.14	000	00000			UV	7.				'	- 1/	18	190
	G. NIMI			CAUSE OF DEAT	HARB	OR	Ho.	SPITAL	_ (ENTE	R.	Į	BAI	TIMORE
	31. DATE FILED (Month, Day,)	*\$ 100	32. REALS	MAN DOLLAR	URE Panda	00								

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BUX 13146	executed
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<u>,</u>	death
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SION OF VITAL RECORDS, P.O.	TENDING PHYSICIAN: The law requires that the death certificate be executed with
SION	TENDING

1	FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM	ENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	VEAR	3. TIME OF DEATH
Ì	Eleanor R. Szaro					7-20-1990	YEAR	м
1	*199-14-7491 5.s	SEX 6. AGE (In yrs.		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
1	020-12-4654 10	■ M 2 🖾 F 65	YRS. MON	THE DAYS	HOURS MIN.	(Month, Day, Year) 7-21-1924	Peni	nsylvania
	9a. FACILITY NAME (If not institution, give street a	and number)	9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	6806 Huntington Dr.			Baltimo	ore County			
S I	10s. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
듬	Maryland Baltimo	re County	Ba1	timore	1			1 TES 2 NO
7	10e. STREET AND NUMBER	20 0001107			ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
8	6806 Huntington Dr				21207	7	USA	
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S.				IIC ORIGIN? (Specify Yea	or No — 14. RAC	E — American Indian, ck, White, stc.
	1 Never Married 2 Kg Married	FORCES? 1 YES 2 TIF YES, GIVE WAR OR DATES	X]NO		2 NO Specify	n, Puerto Rican, etc.)	Spec	clfy:
B	3 Widowed 4 Divorced							White
COMPLETED	15, DECEDENT'S EDUCATIO (Specify only highest grade comp	ON 16a.	DECEDENT'S USU	AL OCCUPATIO	N et of working	16b. KIND OF BUS	INESS/INDUSTRY	
<u> </u>		ollege (1-4 or 5+)	(Give kind of work life. Do NOT use ret	ired.)				
릴	12th Grade]	Homemake	r				
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden :	Surname)	
9	Andrew Radzavich				Nelli	ie Unknown		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street a	nd Number or Rural	Route Number, City or Town	, State, Zip Code)	
2	Mr. John F. Szaro		6806 Hu	intingt	on Dr.	Baltimore,	MD 2	1207
	20s. METHOD OF DISPOSITION		CE OF DISPOSITIO	N (Name of cer	netery, cremetory or	20c. LO	CATION — City or 1	Town, Stata
	② Serial 2 ☐ Cremation 3 ☐ Ramoval 4 ☐ Donation 5 ☐ Other (Specify)		e View	lemoria	ıl Park	Syke	sville,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSI			22. NAME AI	ID ADDRESS OF FA	CILITY		
	· John K A					Funeral Dir		
			doub Double			Rd. Randa]		MD 21133 Approximate
	23. PART I. Erftar tha diseases, or com shock, or heart failure. List			antar tha mo	de of dying, auc	n ss cardiac or respi	ratory srrest,	Interval Batween
	IMMEDIATE CAUSE (Final	00	1	11	1	/		Onset and Death
	disease or condition resulting in death)	(Ouge>	tue	Hen-	it tol	ilue		
		DUE TO (OR AS A CON	SEOUENCE OF):		11			
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence op): Chronic Rend Insufficient Course Insufficient Course Course Enter UNDERLYING CAUSE (Disease or Injury Course Course A Consequence op): Chronic Rend Insufficient Course							
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	ISEOUENCE OF):		American			1
S	CAUSE (Disease or Injury	CHAONO	CL	ung	Disen	il _		
E	that initiated events	DUE TO (OR AS A CON	ISEQUENCE OF):					i I
CERTIFICATION	resulting in death) LAST							
	PART II. Other significant conditions of	ontributing to death but n	ot resulting in t	he underlyin	g ceuse given in	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS
CAL		•	ENGINEE CARTILLO		- 10000 T	PERFOR	/	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 🗆 YES 2	-NO	OF DEATH?
						<u> </u>		1 TYES 2 LING
PHYSICIAN:								
ठ	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	0	THER:	LACE OF OEATH (C	neck only one)		
YSI		☐ Inpatient 2 ☐ ER/Outpatien		-		8 Other (Specify)		
H	27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending	(Month, Day, Year)	28b. TIME O	Y W	JURY AT DRK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, ferm, stre	et, factory, offic	00	28f. LOCATION (Street City or Town, State)	and Number or Rura	il Route Number,
=	4 Homicide detarmined							
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge	e, death occurred a	it the time, det	and place, and du	a to the cause(a) and ma	nner as stated.	
Suicide 8 Could not be building, atc. (Specify) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State)						nd due to the cause	e(a) and manner as stated.	
	29b. BIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	JMBER	29d. DATE SIGN	ED (Month, Day, Year)
띪	100	Tlours.	× 1	n	122	19933	rpo/9	7(2
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF CEATH	(ITEM 27) Type, Pri	int)	1,000	11-2	, , ,	
	Sheven Cui	CLOUNDA	in My	061	20 cil.	ent Ain	an Pa	a rollstown 2/1
	31. DATE FILED (Month, Day, Year)	32 REGISTRAD'S SIGNATUR	W	000	- 1//1	- 19		
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	AAM IA 1444	14	- 1					

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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	scute	and c bunia	atic
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detabe filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I	MENTAL HYGIENI REG. NO.	E	
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEA	3. TIME OF DEATN
İ	TRMA	SCOTT				7/21/90		м
	The state of the s		(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH _(Month, Day, Year)		IRTHPLACE (State or Foreign
	217-18-1650	¹□ M 2K□ F 66	YRS.	MONTHS D	Tra HOUNS MIN.	9/3/23	M	ARYLAND
_	9e. FACILITY NAME (If not institution, give street				WN OR LOCATION OF DE		9c. COUNTY	OF DEATN
5	AT RESIDENCE	3436 AUCH	ENTOROL	Y	BALTIMOR	E CLLA		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION			tod. INSIDE CITY
E I	MARYLAND		B	LATIM	ORE CITY			UMITS?
AL	10e. STREET AND NUMBER				101. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	3436 Auchento				2121	•		ISA
F	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yo	B DECENDENT OF NISPAN B, specify Cubari, Mexica	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
BY	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2X NO Specify	y:		Specify: BLACK
	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S	USUAL OCCU	PATION ng most of working	16b. KIND OF BUS	SINESS/INDUST	RY
	Elementery/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	g most of working			
COMPLETED								
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)	
H	WEBB SCOTT 19e, INFORMANT'S NAME (Type/Print)		105 11411 1617	ADDRESS /D	Treet and Number or Rural	E BUTLER	e State Zin Cos	
2	MILDRED BOYD				AND AVEN			
	201 METNOD OF DISPOSITION 2 Disposition 3 Remov	26	b. PLACE OF DISPO		of cemetery, cremetory or		CATION — City	
	1XVBuriel 2 ☐ Cremetion 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	al Irom State	KING ME	MORIA	L PARK	BAL	TIMORE	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAI	ME AND ADDRESS OF FA	CILITY TOMOR C. COL	T FIINE	ERAL HOME
	•				0 LIBERT			
9	23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Finel			not enter the	e moda of dying, suc	h as cardiac or respi	retory arrest,	Approximate interval Between Onset end Daeth
	disease or condition reaulting in death) a.	DUE TO (OR AS	A CONSEQUENCE O	CFL PI:				10 mos
z								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE (OF):				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE (OFI:				
Ē	that initiated events resulting in death) LAST			•				
S								
CAL	PART ii. Other aignificant conditions	contributing to death	but not resulting	in the unde	rlying cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
ă						1 🗆 YES 2	NO	OF DEATN?
Ξ						_		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C)	neck only one)		
SIC		HOSPITAL:	rtpstient 3 🗆 DOA	OTHER:	Nome 5 Residence	6 Other (Specify)		
PHYSICIAN: MEDI	27. MANNER OF DEATH	26e. OATE OF INJURY (Month, Day, Year)	26b. Til	_	c. INJURY AT WORK?	28d. DESCRIBE NOW I	INJURY OCCUR	EO
ВУ	1 Accident 8 Pending Investigation	, , , , , , , , , , , , , , , , , , , ,			1 YES 2 NO			
ED	3 Suicide 6 Could not be	26e. PLACE OF INJUR building, etc. (Sp	RY — At home, term, pecify)	street, fectory	, office	281. LOCATION (Street City or Town, State)		Rural Route Number,
E	20050							
AP.	(Check drill)	IAN: To the best of my kno						
COMPLET	2 MEDICAL EXAMINER	: On the beele of examinat	lon end/or investigat	lon, in my opin	ilon, death occurad at the	time, data end placa, er		suse(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CANSE OF	DEATH (ITEM 27) (Typ	e. Print)	1030	646	-7	13140
	SAMUEL	+ bula	MO	711	W YOTH	VIT BI	ATT	M 2/2/1
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	SNATURE			7 0 101	1 4	
	1 11 2 3 1990 Ju	in haviason-No	The said					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	CERT	IFICATE	OF DEATH	F	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	C - : d 0 1			2. DATE OF MONTH		Y VE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 10	DETUEL		YEAR IF UNDER 24 HRS.	LEATE OF	15	1990	DIRTHPLACE (State or Foreign
		3. AGE (In yrs. last birthd	MONTHS	DAYS HOURS MIN.	(Mopth, De	y. Wer		Country) MARYLAND
	215-28-9283 1 L M 2 134 F	93	9b. CITY, 1	TOWN OR LOCATION OF D		//-	9c. COUNTY	
DIRECTOR	St. Agnes Hospital		В	ALTIMORE				
EC	10e. STATE 10b. COUNTY	10c.	CITY, TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?
	MARYLAND CARROLL		MILL	ERS				1 🗓 YES 2 🗌 NO
FUNERAL	4821 SCHALK RD. #1			101. ZIP CODE 21	107			OF WHAT COUNTRY?
BY FUN		EVER IN U.S. ARMED YES 2 XHO R OR DATES	lf.	AS DECENDENT OF HISPA yes, specify Cuban, Mexico YES 2 XNO Specif	en, Puerto Rice			RACE — American Indian, Black, White, etc. Specify: WHITE
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN	of work done do	CUPATION ring most of working	16b. Kif	D OF BUS	INESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NO	IT use retired.)			3.00		
MP	12		HOUSE				HOME	
8	17. FATHER'S NAME (First, Middle, Last) DANIEL WEISMAN			18. MOTHER'S NA	ETHEL			
BE	19s. INFORMANT'S NAME (Type/Print)	19b. MAR	ING ADDRESS	Street and Number or Rural				(e)
2	ROY SEIDEL			ALK RD. #1				107
	20a. METHOD OF DISPOSITION X Burlai 2 Cremation 3 Removal from State	20b. PLACE OF DIS	POSITION (Nam	e of cemetery, crematory or		20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)	MI	KRO KO	DESH-BETH I	SRAEL			MORE, MD
	21. SIGNATURE OF PUHERAL SERVICE LICENSEE			AME AND ADDRESS OF FA SOL LEVINS 10 REISTERS				, MD 21215
	23. PART I. Enter the diseases, or complications that	caused the death. [
	shock or heart fallure. List only one caus	e on each line.	/	/				interval Between Onset and Death
	disease or condition resulting in death)	tus tutz	L M	east ca	nach			415
		OR AS A CONSEQUENC						
NO	Sequentially list conditions,	OR AS A CONSEQUENC	E OF					
CERTIFICATION	cause. Enter UNDERLYING	on rea recorded and	L 0. j.					į
IFIC	that mittated events	OR AS A CONSEQUENC	E OF):					
ERT	resulting in death) LAST							
CC	PART II. Other significant conditions contributing to	leath but not resulti	ng in the und	lerlying cause given in	Part i. 24	a. WAS AN		24b. WERE AUTOPSY FINDINGS
DICAL		_			_ ,	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED							7	1 TYES 2 NO
								/ \
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? NOSPITAL:		OTHER	28. PLACE OF DEATH (C	heck only one)			
YSI	1 YES 2 NO 120 Impatient 2	ER/Outpetient 3 D DC	A 4 Nursi	ng Home 5 🗌 Residence	*			
	27. MANNER OF DEATH 26a. DATE OF (Month, Del) Natural 5 Pending		TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCR	IBE HOW I	NJURY OCCUR	ED
	M 1 YES 2 NO Investigation Investigation 2 Accident 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Bural Boute Number						Rural Route Number,	
E	3 Suicide S Could not be building, etc. (Specify) 250. EVALUE OF INJURY — At home, harm, street, factory, office City or Town, Stele)							
Ë	29a. CERTIFIER (Check only	w knowledge, death oc	curred at the Hr	ne, date and place, and du	e to the cause	(a) and mer	ner as stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the land of an							suse(s) and menner as stated.
BE C	29b. SIGNATURE AND THE OF CONTROL	MD		29c. LICENSE NU	MBER 7	_	29d. DATE SI	GNED (Month, Day, Year)
10	30. NAME AND STORESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITEM 27)		11/80	2-1		100	1110
	31. DATE/FILED (MONDY), DOUGH	T'S SIGNATURE	0	on Are	212	10	MD	21201
1	31. DATE THEO (MOMP), Day 1607) 12. REGISTRAI Like Day	door Randall						

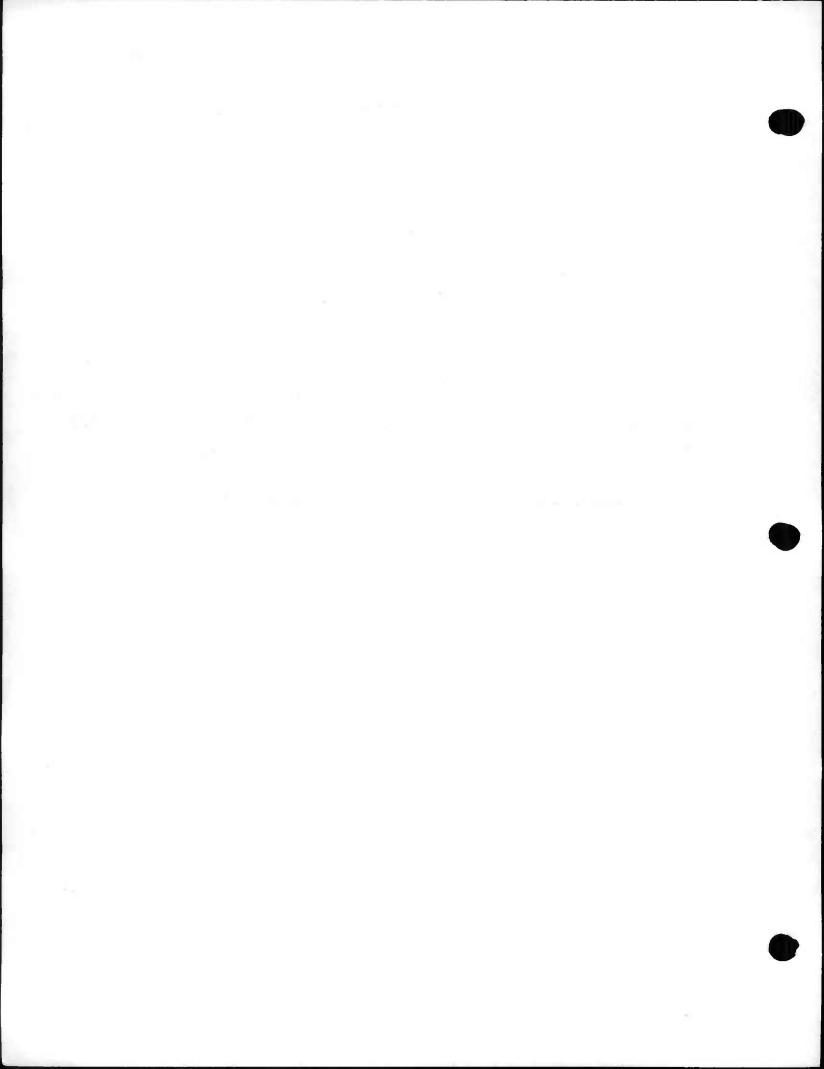
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

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PHYSI	this c	rked,
DING	After	E
TEN	TOR:	28
OR A	DIRE	E
PITAL	ERAL 72	=
SOH 3	FUN	MAL
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it he find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	CEF	RTIFICATE OF DEATH	1	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) ELLEN SH	ORT WIIKI	INS	2. DATE OF MONTH		3. TIME OF DEATH 07:55 A M
4. SOCIAL SECURITY NUMBER 220-07,989	5. SEX 1 ☐ M 2 Ø F 72		HRS. 7. DATE OF (Month) (BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give at Si Nau Hospital RESIDENCE OF DECEDENT	lof Baltimore	Baltimor		ec COUNTY Ba	of Death Himore
10a. STATE 10b. COUNTY	'	Balb			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
9 10	enite Ave	101. ZIP CODE 2/2	-15	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban,			RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S EDUI (Specify only highest grade Elamentary/Secondary (0-12)	completed) (Give	DENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retired.)		CICI SE	4 ,
17. FATHER'S NAME (First, Middle, Last)	_	18_MOTHE	R'S NAME (First, Mic	ddle, Maiden Surname)	
Jan INFORMANT'S NAME (Type/Print)	195.8	MAILING ADDRESS (Street and Number of	Rural Bouta Number	City or Town, State, Zip Coo	ria)
Zollie Wi	Kins	32 46 Yose Mit	te Ave	Balton	ed 21215
20a, METHOD OF OISPOSITION 1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata other place	DISPOSITION (Name of cometery, cromate) WOOdlawn	ory or 1 EM	Bairs 1	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LIC	Elitan	22. NAME AND ADDRESS	F H U	Set Hu	e
	complications that caused the deati	h. Do not enter the mode of dyln	g, auch ae cardie	oc or reepiratory errest	, Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition	Carale				Onset and Deeth
resulting in deeth)	8. DUE TO (OR AS A CONSEQUE	ENCE OF):			10days
Sequentially list conditions,	· Colitis				10 days
if eny, leading to immediate ceuse. Enter UNDERLYING	a Lymphom	ENCE OF):			3 years
CAUSE (Disease or injury thet initieted events resulting in deeth) LAST	DUE TO OR AS A CONSEQUE	ENCE OF):			
PART II. Other significent condition	ns contributing to deeth but not ree	oulting in the underlying cause gi	ven in Part i.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?
					1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE	ATH (Check only one))	L
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER: DOA 4 Nursing Home 5 Real	dence 8 🗆 Other	(Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2		RIBE HOW INJURY OCCUR	NEO
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — A1 home		28f. LOCAT	FION (Street and Number or	Rural Route Number,
4 Homicide determined	building, atc. (Specify)		City or	Town, State)	
(OTHER OTH)	ICIAN: To the best of my knowledge, death ER: On the basis of examination and/or inv				ause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	n 1 10 1		SE NUMBER	29d. DATE S	IGNED (Month, Day, Year)
34 NAME AND ADDRESS OF PERSON WI	Trederik H.I.	3 loen, M.D. N/F	<u> </u>	P 0/	120190
ST. MARIE AND ADDRESS OF PERSON WE	TO SOMPLETED CHOSE OF DEATH (HEM.)	arj (1990, Fina)			
31. DATE PILED (Month, Day, Year)	32, REGISTRAR'S SIGNATURE				, , , , , , , , , , , , , , , , , , ,
JUL 2 3 1990	Julia Davidson-Rand	14,56			DHMH-16 Rev 1/89
					Primit-10 DAA 1/08



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

8

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		C	EKIIF	ICALE	Ur	DEA	IH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			9.3					2. DATE OF D	DEATH	Y	YEAR	3. TIME OF DEATH
	LAURA	E.	1	WILL	IAMS	5			July				10:25 A*
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF B (Month, Day	HRTH (Mar)		8. BIRTHE	PLACE (State or Foreign
	233-52-4578	1 - M 2/XF	64	YRS.	mon (na	DATS	NOUNS	MIN.	5-26-		6		rginia
	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE	ATH		9c, COU	NTY OF DE	EATH
OR	Baltimore Count	v Gene	ral Hos	sp.	Ra	anda	11s	towr	1		Ba	ltim	ore
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			_	y, TOWN C								10d. INSIDE CITY
100							ION						LIMITS?
	Maryland Balt	imore		10	wsor								1 YES XXNO
AR							2120				-		HAT COUNTRY?
FUNERAL	115 Ware Ave.											S.A.	
5	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 X	KO KO		If yes, sp	ecify Cube	en, Mexicer	IC ORIGIN? (S _i n, Puerto Ricen		or No—		— American Indian, , White, etc.
B	3∕∏ Widowed 4 □ Divorced	IF YES, GIVE V	MAR OR DATES			1 TYES	XXNO	Specify.	:			Whi	
	15. DECEDENT'S EDUC			ECEDENT'S					16b. KIN	D OF BUS	SINESS/IND		ve_
	(Specify only highest grade (Elementary/Secondary (0-12)	Completed) College (1-4 or 5	186a	Sive kind of vo. Do NOT us	work done se retired.)	during mo	st of worki	ng					
PL	8 Years	College (1-4 of 5		lerk					Re	etai	.1		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NAI	ME (First, Middle	e, Meiden	Surname)		
BEC	Arthur		Ash				Mar	У	Ве	2116	9		Webb
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural R	loute Number, C	ity or Tow	n, State, Zij	o Code)	21234
2	Betty E. JOhnso	n		5 Du	ndas	s Co	urt	#T2	2 Balt	timo	re,	Mar	yland
	200. METHOD OF DISPOSITION		20b. PLACE other p	OF DISPOS	SITION (No	me of cer	netery, crei	matory or		20c. LO	CATION —	City or Tox	wn, State
	**Buriel 2 Cremetion 3 Remo	TVBI Trom State	Marsi		1e (Ceme	eter	У		Mar	shv	ille	, W. VA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGER						SS OF FAC		T = =			
	+ Man 60	Jolas							eral H			traan	,MD21204
	23. PARTA. Enter the diseases, pr c	omnilcations the	it caused the d	eath Do									Approximate
	shock, or heart failure. I	List only one car	sa on each lin	е.	101 011101		ou or u			от тобр	i atory a	, out,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Don		£	- 1								Onset and Death
	resulting in death)	Pes 1	OR AS A CONSE	UENCE O	F):	/~	•						
_	_	Ga	OR AS A CONSE	4		Ce	200.						
CERTIFICATION	Sequentially flat conditions,	DUE TO	(OR AS A CONSE	OUENCE O	F):	-	921	2					
AT	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury that Initiated events	OUE TO	(OR AS A CONSE	OUENCE O	F):								
F	resulting in death) LAST	s											
	PART II. Other algolificant condition	a contributing to	death but not	regulting	In the w	nderhiln	G COURS	alven In	Part I 24	WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
EDICAL	PART II. Other arginicalit condition	a continuiting to	uaatii oot not	resulting	iii ura ui	nuarrym	g cause	given in	Part 1. 240	PERFOR		240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ŏ									10	YES 2	NO		OF DEATH?
M	-								_				1 TES 2 NO
Z													
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Che	eck only one)				
YS	1 YES 2 NO	1 2 Inputient 2						lesidence	S Other (Sp				
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE Of (Month, I		2Sb. TIN	JURY	W	DRK?	¬	2Sd. DESCRI	BE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation	40 01 100					YES 2	_ NO					
	3 Suicide 8 Could not be 4 Homicide determined	building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fac	tory, offic	:0		28f. LOCATIO City or To	own, State		ir or Hurai H	loute Number,
COMPLETED						_							
P P	29a. CERTIFIER (Check only one)												
Ö	2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	on, in my	opinion, e	death occu	ared at the	time, date end	place, er	nd due to t	he cause(e) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	10						ENSE NUM			29d. DA	TE SIGNED	(Month, Day, Year)
TO B	Juli	N	1				1)5	717	23		P ~	11161	to
-	30. NAME OND ADDRESS OF PERSON WHI	O COMPLETED CAL	ISE OF DEATH (IT		_ ′								
		Lut ful	1 60		Pen:	Kur	10~ A	,	w2 5	(1)			
	31. DATE FILED (Month, Day, Year)	982 REGISTR	AR'S SIGNATURE	tope.									
	JUL 2 3 1990	June van	CONTRACTOR OF THE PARTY										

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	9	
and the same of		

		FOR
1	_	STATE
•		REGISTRAR

1. DECEDENT'S NAME (First				ERITFIC	712			REG. NO.			
T	, Middle, Last)	0		_				2. DATE OF DEATH MONTH DA	v	YEAR 3. T	ME OF DEATH
	ILLIAN		•		WATS	ON		July 10			20 A M
4. SOCIAL SECURITY NUM	BER		6. AGE (In yrs. I	ast birthday) IF	UNDER 1 YEA	AR IF UNDER		7. DATE OF BIRTH		6. BIRTHPLAC	E (State or Foreign
215-16-4754		1 🗆 M 2 🔀 🗓	/	7 YRS. MOI	THS DAY	NOURS	MIN.	(Monte, gay/ Year)		County)	MD
9a. FACILITY NAME (# not i		treet and number)	-	9b	. CITY, TOW	VN OR LOCATI	ON OF OE	ATH	9c. COUNT	TY OF DEATH	
Memorial	Hoeni	tal		10	umboi	rland			A110	gany	
RESIDENCE OF DE	CEDENT	Lai			unber	LIANU			ATTE	gany	
MD MD	10b. COUNTY	llegany		Wes		nport				Y.	INSIDE CITY HMITS? YES 2 NO
237 Main	St.					101. ZIP COD	562		10g. CITIZ	USA	COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S.V	ARMEO	13. WAS	OECENDENT O	OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE — A	merican Indian,
1 Never Merried 2 2 3 Widowed 4 Div		FORCES? 1 [IF YES, GIVE WA	YES 2 C	₩o		YES 2 X		, Puerto Rican, etc.)		Black, Wh Specify: 1	White
	CEDENT'S EDU ly highest grade		1000	DECEDENT'S USU (Give kind of work ife. Do NOT use re	done during	PATION most of working	ng	16b. KIND OF BUS	INESS/INOU	JSTRY	
Elementary/Secondary		College (1-4 or 5+)	1 '		,						
Unkno				House	wif				me		
John Jo:						18. MOT		ME (First, Middle, Meiden tha Wilt		nes	
19a. INFORMANT'S NAME											
James		n Jr.		Aaı	con l	Run R	oad	Western			. 21562
20s/METHOO OF OISPOSI 1 🗗 Bariel 2 🗆 Gremat 4 🗆 Donetion : 🖫 One	On 3 Rem	oval from State	Phi Phi	OF OISPOSITION	on (Name o	ery	matory or			or Town, s	
21. SIGNATURE OF PUREN	_	CENSEE	\	1				CK FUNER			
1//	Men.	JU /2)/000	who	111	1 Chu	rch	St. West	ernp	ort,	Md. 21
IMMEDIATE CAUSE (F dissess or condition resulting in daath) Sequentleily list cond if any, leading to Imm cause. Enter UNDERLICAUSE (Disease or in	tions, edlete	a. Acute DUE TO (b. Ample Ope TO (OR AS A CONS		ner	,		,			
that initiated events resulting in daeth) LA			or as a cons	SEQUENCE OF):	Scran	ja.					
PART II. Other signific	ant condition	ns contributing to	daath but no	t resulting in 1	the under	iving causa	given In	Part i. 24s, WAS AN	AUTOPSY	24b. WEF	RE AUTOPSY FINDINGS
						iying sawa		PERFOI	RMED?	CON OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
			_		2	6. PLACE OF I	DEATH (Ch	eck only one)			
25. WAS CASE REFERRED	TO MEDICAL										
25. WAS CASE REFERRED EXAMINER? 1 YES . 2 NO	TO MEDICAL	HOSPITAL:	ER/Outpatient		THER:	1-17-	lasidence	6 Other (Specify)			
EXAMINER? 1 YES . 2 NO 27. MANNER OF DEATH	Pending		INJURY		Nursing F 28c	Home 5 A		6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCC	CURED	
EXAMINER? 1 YES . 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident		1 Inpetiant 2 Inpetiant 2 Of Month, De 28a, PLACE Of	INJURY ly, Year)	3 DOA 4	Nursing F 28c Y M 1	Home 5 A NJURY AT WORK? YES 2	NO NO		end Number		Number,
EXAMINER? 1 YES .2 NO 27. MANNER OF DEATH 1 Netural 5 Accident 3 Suielda 6 4 Homicide 29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	28e. PLACE Of building,	INJURY IN, Year) FINJURY — At atc. (Specify) my knowledge,	3 DOA 4 28b. TIME C INJUR home, farm, atre	Nursing DF 28c Y M 1 et, factory,	Home 5 A	NO NO	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me	and Number	or Rural Route	
EXAMINER? 1	Pending Investigation Could not be determined	26e. DATE OF (Month, De 26e. PLACE OI building, SICIAN: To the best of ER: On the basis of ex	INJURY IN, Year) FINJURY — At atc. (Specify) my knowledge,	3 DOA 4 28b. TIME C INJUR home, farm, atre	Nursing DF 28c Y M 1 et, factory,	Home 5 R R INJURY AT WORK? YES 2 Office	NO NO	28f. LOCATION (Street City or Town, State to the cause(e) end me time, date end place, et	and Number	or Rural Route ed. e cause(e) end	f manner ee stated.
EXAMINER? 1 YES .2 NO 27. MANNER OF DEATH 1 Netural 5 Accident 3 Suielda 6 4 Homicide 29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	26e. DATE OF (Month, De 26e. PLACE OI building, SICIAN: To the best of ER: On the basis of ex	INJURY IN, Year) FINJURY — At atc. (Specify) my knowledge,	3 DOA 4 28b. TIME C INJUR home, farm, atre	Nursing DF 28c Y M 1 et, factory,	Home 5 R R INJURY AT WORK? YES 2 Office	NO NO	28f. LOCATION (Street City or Town, State to the cause(e) end me time, date end place, et	and Number	or Rural Route	f manner ee stated.
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mit. Pages 1, 2. 3 should

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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3 1990

31. DATE FILED (Month, Day, Y

	FOR	STATE OF N	IARYLAND /						MENT	AL HYGIEN	E	20	20000
	REGISTRAR		CE	:RIII	ICATE	<u> </u>	DEA	IH	_	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las Helen	A. Wentz								TE OF OEATH	19	90° 3	5:15 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	(Mc	TE OF BIRTH onth, Day, Year) 1-28-191		6. BIRTHPL Country)	ACE (State or Foreign Jersey
	9a. FACILITY NAME (If not institution, gim	e street and number)	1 /		9b. CITY	, TOWN O	R LOCATI	ON OF DE		. 20 1/1		INTY OF DEA	
TOR	6515 Pompano	Drive				Glen	Bur	mie			A	nne A	rundel
DIRECTOR	10e. STATE 10b. COUN		1		r, town o								Dd. INSIDE CITY LIMITS?
0	Maryland An	ne Arunde.	L	G	Ten		ZIP COO				40. 00		☐ YES 2 📉 NO
FUNERAL	651.5 Pompan	o Drive				101.		e 21061			0.77	J.S.A.	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 K			If yes, spe	cify Cube		n, Puer	GIN? (Specify Yee to Ricen, etc.)	or No—	14. RACE — Black, V Specify:	- American Indien, White, etc.
	15. OECEDENT'S EI	NICATION	14a DE	CENENT'S	USUAL O	CCURATIO	M			16b. KIND OF BUS	EINERR/IN	DUSTRY	MUTTE
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+	(Gi	ive kind of Do NOT u	work done se retired.)	during mo	st of worki	ing		- 100			
M M	8th Grade			ASS	embl	er					stics	5	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT			st, Middle, Maiden			
BE		k Aeschb						- 000		e Clevel			
2	19e, INFORMANT'S NAME (Type/Print)		191							umber, City or Tow			- 0.0/.
	Dorothy Forlo	ines							GLE				nd 21061
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from Stata	20b. PLACE other pla Clov	ece)	af C			metory or				dge,	n, state New Jersey
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Dove	2)	G	eorg	e J.		ice	Funeral			
	23. PART I. Enter the diseases, of shock, or haert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. <u>Uad</u>	se on aach line	uni	not enter	tha mo	de of dy		h aa c				Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediata ceuss. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	C	(OR AS A CONSEC										
EDICAL	PART II. Other significant conditi	ions contributing to	daath but not a	resulting	in the u	nderlying	Ceuse	given in	Part i	. 24e. WAS AN PERFOR	RMED?	C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ED/Outpetient 2		OTHE	R:		DEATH (Ch					
PHYS	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	28b. TII		28c. INJ WO	URY AT			Other (Specify) DESCRIBE HOW I	NJURY O	CCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not if 4 Homicide determined	28e. PLACE C	F INJURY — At he etc. (Specify)	ome, farm,	street, fac		YES 2 [140		LOCATION (Street City or Town, State)		er or Rural Roo	ute Number,
COMPLET	one)	YSICIAN: To the best of											and manner on atated
ш	29b. SIGNATURE AND TITLE OF CERTIF		1-	'n	4. ^			CENSE NUI		C C C C C C C C C C C C C C C C C C C			Month, Pay, Year)
00	I ALALA A M	A /\ \ /\ \ /	1/// .	1 V	1/1		- E /	711/	. / -	4		7/0) . / U ^

32. ABBISTRARIO SIGNATURE PANDODE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mays after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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OR /	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
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	FOR 1 - STATE	STATE OF N	MARYLAND /	DEPAR	RTMENT	T OF H	EALTH	AND I	MENT			E				
	REGISTRAR 1. DECEDENT'S HAME (First, Middle, Lest)		C	EKIII	ICAII	E OF	DEA	!П	La DAT	REG E OF DEA	NO.		-	2 710	ME OF DEAT	PLI.
1	and decrease and an arrange of the second								MON	ITH	DA		YEAR			, n
	4. SOCIAL SECURITY HUMBER	C .	8. AGE (in yrs, le	ODSO	+					F OF BIRT	18		0		2:05	A
	The state of the s	11/21			IF UNDER	DAYS	HOURS	MIN.	7. DAT	nth, Day, Yo	bar)	1005	Count	(vv)	E (State or Fo	-
	236-32-7821	1 🗌 M 2 💢 F	65	YRS.						ne Za	۷,				'irgir	na
~	9a. FACILITY HAME (If not institution, give				9b. CITY	r, TOWN (OR LOCATI	OH OF DE	EATH			9c. COU	NTY OF C	DEATH		
DIRECTOR	PRINCE GEORGE'S	HOSPITAL	CENTER		CH	EVE	RLY					PRIN	ICE (GEOF	RGE 'S	
Ĭ,	10a. STATE 10b. COUHT			10c. CI	TY, TOWN							_			IHSIDE CITY	r
0	Maryland Pri	nce Geoi	ge's		Can	np 5	pri	ngs						1 🗆	YES 2	но
AL	10e. STREET AND HUMBER					10	. ZIP COD	E				10g. CIT	IZEH OF	WHAT C	COUNTRY?	
EB	6212 Claridge	Road					207	48				Un	ite	d S	State	25
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IH U.S. AI	RMED	13.					ilN? (Spec		or Ho-	14. RAC	E — An	mericen Indi	len,
F	1 Hever Married 2 Amarried	IF YES, GIVE V	YES 2 X	Mo.			ecify Cubi			o Rican, a	(c.)		1111111111			
BY	3 Widowed 4 Divorced												B	ľac	k	
	15. DECEDENT'S ED (Specify only highest gred		16a. Di	ECEDENT'S	S USUAL C	CCUPATIO	ON ast of work	na	10	6b. KIND (OF BUS	SINESS/IHI	DUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT	work done use retired.)											
르	12th Grade			Hom	emal	cer				Pı	riv	rate				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S HA	AME (First	t, Middle, A	Maiden	Surname)				
ш	Cornelius M	osby						Lou	ise	Wat	tsc	n				
8	19a. IHFORMANT'S HAME (Type/Print)		-19	b. MAILIN	G ADDRES	S (Street	and Numbe	r or Rural	Route Nu	imber, City	or Tow	n, State, Zi	p Code)			
٩	Melvin E. Mos	by		5212	Cla	ario	le R	oad	, C	amp	Sr	orin	qs,	ME).	
	20a. METHOD OF DISPOSITION		20b. PLACE other p	OF DISPO								CATIOH -				
	1 St Burial 2 Cremetion 3 Res	noval from Stata	- म्य		coli	n Cc	mat	orn		I	$3r\epsilon$	entw	ood	. M	Mary]	Land
	21. SIGHATURE OF FUHERAL SERVICE L	ICEHSEE ()			22.	HAME A	HD ADDRI	SS OF FA	CILITY							
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	23. PART I Enter the diseeses, or ahock, or heart fellure	. List only one car	it cauaed'tha d use on each iln	eeth. Do e.	not ente	r the mo	ode of dy	Ing, suc	ch ae ca	ardiac or	resp	iratory ar	reat,		Approxim	
	IMMEDIATE CAUSE (Finel	A 0	1+ 0					0		0				- 1	Onset an	d Death
	disease of condition resulting in death)	. Nh	Iti Jole	la	ngel	CL SS	3 6	18	224	el						
					OF): ()		0									
Z	Sequentially list conditions,		kuon													
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A COHSE	OUENCE (OF):									-		
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	20.00													
1	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUEHCE	OF):											
EH	resulting in death) Exst	d												-		
_	PART II. Other algnificant condition	ne contributing to	death but not	reculting	in the u	nderivin	g ceuse	alven In	Part I.	24a, Y	MAS AN	AUTOPSY	24	b. WERI	E AUTOPSY I	FINDINGS
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	119 - 54	2 Table	1.	4						10	YES 2	NO I			EATH?	
PHYSICIAN: MEDICAL	heave 1	Ch Cara	119											1 🗌	YES 2	NO
N N	AT 1110 CARD DEPT									1		<u> </u>				
2	25. WAS CASE REFERRED TO MEDICAL EXAMIHER?	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C	neck only	one)						
YS	1 YES 2 HO	1 D Inpetient 2		_	4 🗆 Nu	irsing Hor		lesidence	_	ther (Speci						
F	27. MANHER OF DEATH	26a. DATE Of (Month,	F IHJURY Day, Year)	26b. TI	ME OF JURY		JURY AT DRK?		28d. E	DESCRIBE	HOW	NJURY O	CURED			

28c. INJURY AT WORK?
1 YES 2 HO 26a. DATE OF IHJURY (Month, Day, Year) 26b. TIME OF IHJURY 28d. DESCRIBE HOW INJURY OCCURED 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one)

1 (CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

\$\Delta 13980 29d. DATE SIGNED (Month, Day, Year)

7/18/90

30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAKUNDER SSIDAV 7525 GREEN

TASWINDER 7525 GREENHAY CENTER DR. GREEN BELT 31. DATE FILED (Month) Poly (1990)

1 Natural
2 Accident

3 Suicide

4 Homicide

BY

BE COMPLETED

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Na Davidson Angel

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Dallo		10
DIRECTOR	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
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be notified at once.

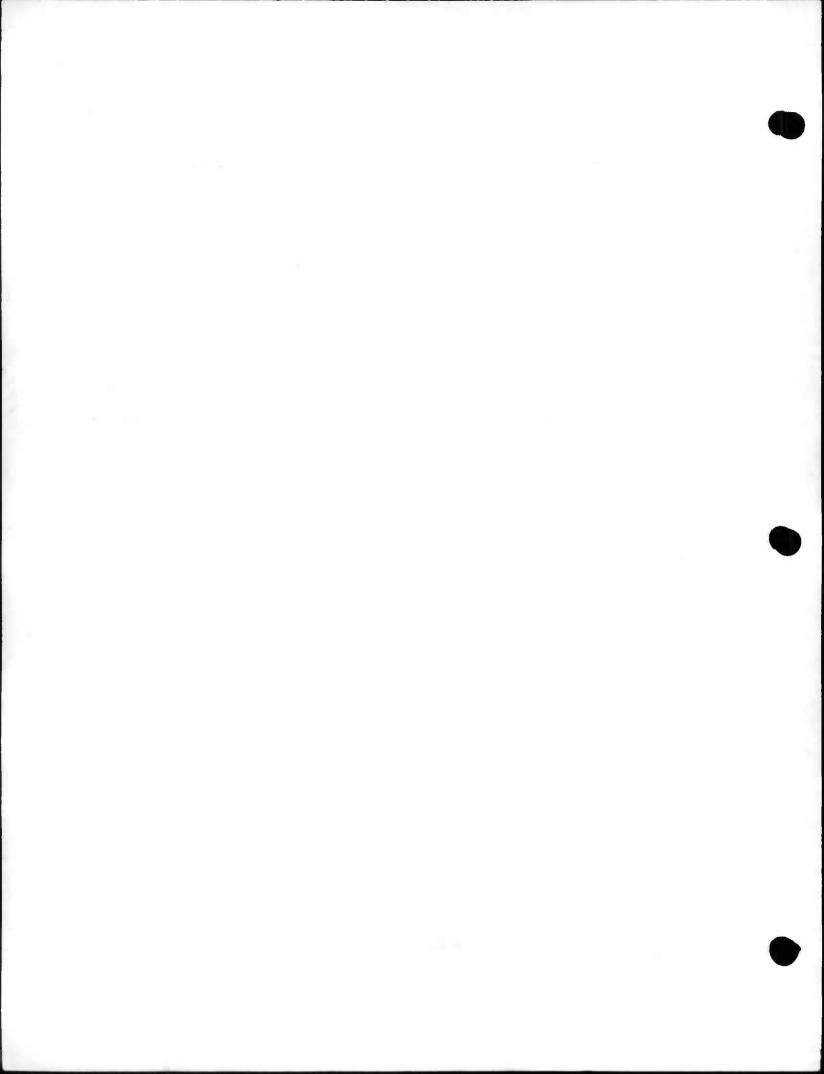
FOR STATE REGISTRAR	STATE OF MARYLA							20000
1. DECEDENT'S NAME (First, Middle, Last) JUNIUS		Wilso	n		2. DATE OF MONTH	9-90 DAY	YEAR 3	9:00AM M
4. SOCIAL SECURITY NUMBER 239-18-5019	3 M 2 □ F 69	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, E	27 - 27	Country)	
4515 St. Georges						9c. COU	INTY OF DEA	тн
10s. STATE 10b. COUNTY						-	10	Od. INSIDE CITY LIMITS? VES 2 NO
	GES AVENUE		101.	21218		10g. CIT	USA	AT COUNTRY?
11. MARITAL STATUS 1 © Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES	2 NO	If yes, spe	ecify Cuban, Maxica	n, Puerto Ric			- American Indian, White, etc. $BLACK$
15. DECEDENT'S EQUE (Specify only highest grade Elementary/Secondary (0-12) 7 th Grade	CATION completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo: retired.)	ON st of working	18b. K	INO OF BUSINESS/IN	DUSTRY	DBACK
17. FATHER'S NAME (First, Middle, Last) $RANDALL$	WILSON						MANN	S
19s. INFORMANT'S NAME (Type/Print) MARY HELENA (CLARK					LYN, N.Y.	11	221
4 Donation 5 Other (Specify)	oval from State	other place)	RE CEMI	ETERY				
21. SIGNATURE OF FUNERAL SERVICE LIC	March					1101 E.	NOR	TH AVE.
ahock, or heart failure.	List only one couse on a	erotic ca	ardiovas				rrest,	Approximate Interval Between Onset and Daath
Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)						
PART II. Other algorificant condition	a contributing to death b	ut not resulting in	the undarlying	g cause given in		PERFORMED?	6	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2XX NO
25. WAS CASE REFERRED TO MEDICAL			26, PI	LACE OF DEATH (Ch		INSPECTIO	1	
XX YES 2 NO				ne 5 Residence	6 🗆 Other ((Specify)		1
27. MANNER OF DEATH X1. Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	INJU	M 1	YES 2 NO	28d. OESC	RIBE HOW INJURY O	CCURED	
3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, at offy)	reet, factory, offic	:0			er or Rural Ro	ute Number,
								and menner as stated.
W nurve	re Yhull	ATH (ITEM 27) (Inc.	Print)	29c, LICENSE NU OCME	MBER	29d. DA	7-19-	
	1. DECEDENT'S NAME (First, Middle, Last) JUNIUS 4. SOCIAL SECURITY NUMBER 239-18-5019 9e. FACILITY NAME (If not institution, give st 4515 St. GEOTGES FIESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD 10e. STREET AND NUMBER 4515 ST. GEORG 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Ovorced 12. DECEDENT'S EOUR (Specilly only highest grade Elementary/Secondary (0-12) 7 th Grade 17. FATHER'S NAME (First, Middle, Last) RANDALL 19e. INFORMANT'S NAME (First, Middle, Last) RANDALL 19e.	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) JUNIUS 4. SOCIAL SECURITY NUMBER 239-18-5019 9a. FACILITY NAME (If not institution, give street and number) 4515 St. GEOTGES AVENUE 7. FESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. STREET AND NUMBER 4515 ST. GEORGES AVENUE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Orvorced 15. DECEDENT'S EQUATION 17. FATHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. INFORMANT'S NAME (First, Middle, Last) 19a. IN	SOLAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. SEX 6. AGE (in yrs. leat birthday) 9a. FACILITY NAME (if not institution, pive street and number) 4515 St. Georges Avenue FIESIBENCE OF DECEDENT 10b. COUNTY MD 10c. STREET AND NUMBER 4515 ST. GEORGES AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. Widowed 4 Orvorced 14. WAS DECEDENT EVER IN U.S. ARMED FORCES? 15. ORIGINAL STATUS 16. STREET AND NUMBER 4515 ST. GEORGES AVENUE 15. WAS DECEDENT EVER IN U.S. ARMED FORCES? 16. OROTORS 17. FARTHER'S MARIE (First, Middle, Last) 18. DECEDENTS BUILDATION 18. DECEDENTS BUILDATION 18. DECEDENTS WILL ON SIR. DECEDENTS WILL DECEDENTS WILL DECEDENTS WILL DECEDENT WILL	1. DECEDENT'S NAME (Fine, Middin, Lant) JUNIUS WILSON 4. SOCIAL SECURITY NUMBER 239-18-5019 50. FASTER 4. SOCIAL SECURITY NUMBER 239-18-5019 50. STACE 50. SOCIAL SECURITY NUMBER 24515 St. Georges Avenue FESTIOENCE OF DECEDENT 100. CITY, TOWN OR LOCAT MD 100. STREET AND NUMBER 4515 ST. GEORGES AVENUE 11. MANYTAL STATUS 11. CONTROL STATUS 11. STACE 11. MANYTAL STATUS 11. STACE 12. MARIE (Fine Middin, Lant) 13. WISCOMM 11. STACE S	1. DECEDENT'S NAME (First, Models, Last) VINITUS WISON 4. SOCIAL SECURITY NUMBER 23 9 - 18 - 50 19 50, PRAILTY NAME (First, Models, Last) FEGURATY NAME (First, Models, Last) MD 50, FRAILTY NAME (First, Models, Last) MD 50, FRAILTY NAME (First, Models, Last) MD 50, FRAILTY NAME (First, Models, Last) MD 50, STATE 500, COUNTY MD 500, STATE 500, COUNTY 500, STATE 500, COUNTY MD 500, STATE 500, COUNTY MD 500	L DECEDENT'S NAME (Pinzt, Models, Last) JUNIOS WISON 4. SOCIAL SECURITY NUMBER 2.3 9 - 18 - 50 19 4. SOCIAL SECURITY NUMBER 2.3 9 - 18 - 50 19 4. SOCIAL SECURITY NUMBER 2.3 9 - 18 - 50 19 4. SOCIAL SECURITY NUMBER 2.3 9 - 18 - 50 19 4. SOCIAL SECURITY NUMBER 2.3 9 - 18 - 50 19 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER	STREET NAME (PIPE, Molde, Last) JUNISON LOCKCEONT'S NAME (PIPE, Molde, Last) See DECEMBER (Last) LOCKCEONT'S NAME (PIPE, Molde, Last) LOCKCEONT'S NAME (PIPE, Molde, Molde, Rather) LOCKCEONT'S NAME (PIPE	ERTIFICATE OF DEATH 1. DOCCODENTS NAME (Phys., Moch., Lan) WISON WISO

KORELL, MD

111 Penn Street, Baltimore, MD 21201

OHMH-16 Flev 1/89

VC



BALTIMORE, MARYLAND 21203-3146 3 C	in 2. Jurs after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burgarinant	ation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the beginning	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THE JOHNS HOPKINS HOSPITAL BALTIMORE BALT THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE MD BALTIMORE CITY	6. BIRTHPLACE (State or Foreign Country) MD COUNTY OF DEATH LTIMORE CITY 10d. INSIDE CITY LIMITS? 1 Ø YES 2 □ NO CITIZEN OF WHAT COUNTRY? USA
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 1. M 2	6. BIRTHPLACE (State or Foreign Country) MD COUNTY OF DEATH LTIMORE CITY 10d. INSIDE CITY LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, Whita, atc. Specific.
PART OF THE JOHNS HOPKINS HOSPITAL BALTIMORE 10. STATE 106. COUNTY 10. STREET AND NUMBER 5 2 2 0 YORK ROAD APT. 10M 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 2 1 4 - 16 - 9 3 5 7 12. M 2	COUNTY OF DEATH LTIMORE CITY 10d. INSIDE CITY LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, Whita, atc. Specify:
98. FACILITY NAME (If not Institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY THE JOHNS HOPKINS HOSPITAL BALTIMORE 100. CITY, TOWN OR LOCATION MD 100. STREET AND NUMBER 101. ZIP CODE 102. CITY 103. STREET AND NUMBER 104. STREET AND NUMBER 105. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 108. CITY 109. CITY 109. CITY 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 2 Married 11. Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 1	DOUNTY OF DEATH LTIMORE CITY 10d. INSIDE CITY LIMITS? 1 77 YES 2 NO CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Specify:
THE JOHNS HOPKINS HOSPITAL BALTIMORE BALT THE JOHNS HOPKINS HOSPITAL BALTIMORE THE JOHNS HOPKINS HOSPITAL THE JOHNS HOPKINS HOPKINS HOSPITAL THE JOHNS HOPKINS	10d. INSIDE CITY 10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Specify:
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IF YES, GIVE WAR OR DATES 1 YES 2 TO NO Specify:	LIMITS? 1 🖾 YES 2 🗆 NO CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Specify:
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3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 TO NO Specify:	14. RACE — American Indian, Black, White, atc. Sne/liv:
IF YES, GIVE WAR OR DATES 1 YES 2 TO NO Specify:	Black, White, atc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 TO NO Specify:	Specific:
5 3 Widowed 4 Divorced	BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) Control of Control of College (1-4 or 5+) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/IN Control of College (1-4 or 5+) Control of College (1-4 or 5+)	
(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) CDOMMED CID V CI	/INDUSTRY
G+16 Cmada	
	CT.FADMFDC
9 CPL GF-CACE SFULLER FILLER CORT CT	
ISSAC WASHINGTON CLAIR E.	CORBIN
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zi	- The Coulet
P MARY R. WASHINGTON 5220 YORK ROAD APT. 10M/BALTIN	IMORE, MD 2121
20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION —	N — City or Town, State
1 ** Burial 2 Cremation 3 Removal from Stata other place) 4 Connation 5 Other (Specify) MOUNT CALVARY CEMETERY BALTIN	IMORE, MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	IMOND, MD
VM.C. MARCH F.H. 1101	E. NORTH AVE.
23. PART I. Enter the diseases, or complications that caused the death. So not enter the mode of dying, such as cardiac or respiratory as	Security of Assessment of the State of the S
shock, or heert fallure. List only one cause on eech line.	interval Batween Onset and Death
IMMEDIATE CAUSE (Finel disease or condition	
a. Low Cardial output Due to (or as a consequence of):	
	4 days
- Cod do a sound director	7 days
Sequentially list conditions, b. End stage renal disease	years
Sequentially list conditions, Due to (of as a consequence of): If any, leading INDERLYING.	years
Sequentially list conditions, If any, leading to immediate Cause. Enter UNDERLYING CAUSE (Disease or injury DETO (OR AS A CONSEQUENCE OF): C. Congestive heart failure ORE TO (OR AS A CONSEQUENCE OF):	years.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	years
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. End stage renal disease DUE TO (OR AS A CONSEQUENCE OF): c. Cungestive heart failure DUE TO (OR AS A CONSEQUENCE OF): d.	years
Tary, leading to influence of the consequence of th	years.
Tary, leading to influence of the consequence of th	YEARS. YEARS. PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
Tary, leading to influence of the consequence of th	YEARS. YEARS.
The state of the continue of t	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Day of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 100	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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DE TO (OR AS A CONSEQUENCE OF): C. Congestive heart friture CAUSE (Disease or injury thet initiated events resulting in death) LAST DE TO (OR AS A CONSEQUENCE OF): DE TO (OR AS A CONSEQUENCE OF)	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DETAILS ACCOUNTS. Congestive heart failure	PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
DETAILS ACCOUNTS. Congestive heart failure	PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
DETAILS ACCOUNTS. Congestive heart failure	PSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF DEATHS OF DEATH 1 YES 2 NO
DETAILS ACCOUNTS. Congestive heart failure	PSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The state of the continuent of	PSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that initiated events resulting in death) LAST DE TO (OR AS A CONSEQUENCE OF): DE TO (OR AS A CONSEQUENCE	PSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The standing to timestrate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DEE TO (OR AS A CONSEQUENCE OF): d. DATE THE UNDERLYING PART II. DEE TO (OR AS A CONSEQUENCE OF): d. DATE THE UNDERLYING PART II. DEE TO (OR AS A CONSEQUENCE OF): d. DATE THE UNDERLYING PART II. DEE TO (OR AS A CONSEQUENCE OF): d. DATE THE UNDERLYING PART II. DEE TO (OR AS A CONSEQUENCE OF): d. DATE THE UNDERLYING PART II. DEE TO (OR AS A CONSEQUENCE OF): DEE TO (OR AS A CONSEQUENCE OF): d. DEE TO (OR AS A CONSEQUENCE OF): DEE TO (OR AS A CONSEQUE	PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO OCCURED Imber or Rural Route Number, e stated. to the cause(a) and manner as stated.
THE TOTAL SACREMAN INTERPORT OF PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death occurse given in Part I. PART II. Other significant conditions contributing to death occurse given in Part I. PART II. Other significant conditions contributing to death occurse given in Part I. PART II. Other significant conditions contributing to death occurse given in Part I. PART II. Other significant conditions contributing to death occurse given in Part I. PART II. Other significant conditions contributing to death occurse given in Part I. PART II. Other significant conditions contributing to death occurse given in Part I. PART II. Other significant conditions contributing to death occurse given in Part I. PART II. Other significant conditions contributing to death occurse given in Part I. PART II. Other significant conditions co	PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO FOCCURED Imber or Rural Route Number; s stated. to the cause(a) and manner as stated.
CAUSE (Disease or Injury the Initiated events resulting in death) LAST DE TO (OR AS A CONSEQUENCE OF): DE TO (OR AS A CONSEQUENCE	PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO OCCURED Imber or Rural Route Number, e stated. to the cause(a) and manner as stated.
THE SACREMAN DIFFERENCE OF INJURY CAUSE (Disease or Injury the Initiated events resulting in death) LAST DETO (OR AS A CONSEQUENCE OF): DETO (OR AS A CONSEQ	PSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO OCCURED Imber or Rural Route Number, e stated. to the cause(a) and manner as stated.

Call De So

1 - STATE REGISTRAR	SINIE UF IN	CERTI					MENIAL	REG. NO.			
1. OECEDENT'S NAME (First, Middle, Las							MONTH	OF DEATH	1000	VEAD	S. TIME OF DEATH
Edward H.	ZENGEL		_				July 17, 1990			_	5:30 p
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde)	MONTHS	DAYS	HOURS	MIN.	7, DATE (19-19:	,	8. BIRTHP	LACE (State or Foreign
219-32-0105		51 YRS.						19-19			Md
90. FACILITY NAME (If not institution, given Baltimore	e street and number)			timo		ON OF DE	ATH			TY OF DEA	
RESIDENCE OF DECEDENT			Dai	t HIIO					Bait	imor	<u>e</u>
10e. STATE 10b. COU	NTY	10c. C	HTY, TOWN	OR LOCAT	TION			10d. INSIDE			
Md		E	Balti	more	`e						LIMITS?
100. STREET AND NUMBER 3815 Dunsmuir	Circle			101	212			EN OF WI	IAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		13.	If yes, sp	DECENDENT OF HISPANIC ORIGIN? (Specify specify Cuben, Mexican, Puerto Ricen, etc.) (ES 2XXNO Specify:				Black, White, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							18b.	KIND OF BUS	INESS/IND	USTRY	
	Zenge1				18. MOT	HER'S NA	ME (First, A	fiddle, Meiden	Surname)		
19a. INFORMANT'S NAME (Type/Print)							Route Numb	er, City or Town	n, State, Zip	Code)	
Mary-Blane Kubin		2 E.	. Sky	lark	Cou	rt					
26e. METHOD OF DISPOSITION 1 △ Burlet 2 □ Cremation 3 □ R	emoval from State	20b. PLACE OF DISP	OSITION (A	Name of cer	metery, crer	metory or			CATION —		
4 Donetion 5 Other (Specify)		Garden of						В	altin	nore	Co, Md
21. SIGNATURE OF FUNERAL SERVICE	C-461B	n	22	Ma Ma 43	rch 00	ss of fa F/H Waba	West sh A	/enue			
iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentieily list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Cirrhos	(OR AS A CONSEQUENCE	OF):	u Gro	oup B	Bac	tere	mia			
resulting in death) LAST	_ d										
PART II. Other eignificant condit	iona contributing to	death but not resulting	g in that	underlyin	g cause	given in	Part i.	24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF I	DEATH (Ch	eck only on	e)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	ОТНЕ	ER:		-					
27. MANNER OF DEATH	28e, DATE OF		IME OF	*	JURY AT	esidence	8 Other	CRIBE HOW I	NJURY OCC	URED	
1 Netural 5 Pending	(Month, D	lay, Year)	INJURY M	W	YES 2	□ NO					
2 Accident Investigation 3 Suicide 8 Could not determined	28e. PLACE O	F INJURY — At home, farr atc. (Specify)	n, atreet, fo					ATION (Street a or Town, State)	and Number	or Rural Ro	oute Number,
anal and	The second secon	my knowledge, death occ xamination end/or investig									and menner as stated.
29b. 9GNATURE AND TITLE OF CERTI	0		- 7	allowing.		ENSE NU					Month, Day, Year)
Clare	The	en			200. 110	LITOE NU	m <i>o</i> un		DATE OF THE PROPERTY OF THE PR	7//	7/90
A. Green M.D.				e Ba	ltimo	re .	Md.	21237	,		
31. DATE FILED (Month, Day, Year)	320 REGISTRA	urdson-handall									

TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host TO THE FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

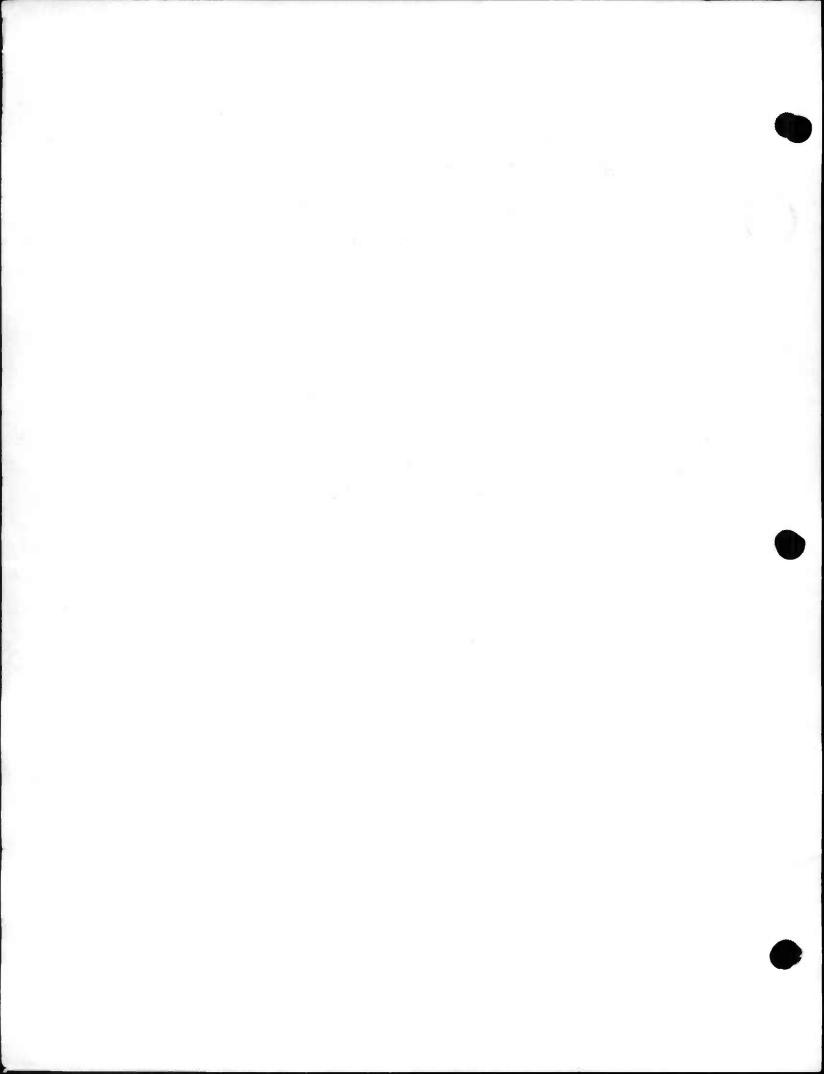
TOO Was have line

31. DATE FILED (Month, Day, Year) $JUL23199 \cap$

22. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /		TMENT				MENTA	L HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	iv.	YEAR	3. TIME OF OEATH
		Muriel		Zeit	ler				7	1		90	5:35 p. M
- 10	4. SOCIAL SECURITY NUMBER 101-14-6613	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.	(Mont	OF BIRTH th, Day, Year) /1/191	,	Country	PLACE (State or Foreign) W York
	9a. FACILITY NAME (If not inatitution, give s.	treet and number)	12		9h CITY	TOWN (OR LOCAT	ION OF DE		/1/191		NTY OF DE	
OR	Bon Secours Host				Jul. 011			re Ci			sc. 000.		
EC	10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
DIR	MD.			Ва	altin								1 X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 1817 Desoto Roa	ad				101	. ZIP COD	2123	30		10g. CITI		S.A.
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI			If yes, sp	ecify Cub	en, Mexica	n, Puarlo	N? (Specify Yea Rican, atc.)	or No-	Black	- American Indian, White, atc.
D BY	3 X Widowed 4 □ Olvorced	IF YES, GIVE V				-		Specify		<u></u>		Specif	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gh	Do NOT u	USUAL O work done se retired.)	CCUPATE during mo	ON osl of work	ing	188	b. KIND OF BUS			
MPL	N/A		Но	omema	aker						House	ewife	
BE CO	17. FATHER'S NAME (First, Middle, Last) Samuel (Unknown))							4	Middle, Malden known)	Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print)									nber, City or Tow			
	Doreen Coursen							-	TCIM	ore, M		21230	
	20a. METHOD OF DISPOSITION 1. Burlel 2 □ Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from Stata	20b. PLACE (other pla Meti	ce)	sition (Ni remat		metery, cre	matory or			cation — ltimo	-	
	21. SIGNATURE OF FUNERAL SERVICE LIC	I. Sh	anne	2	22.	Hub	bard		era1	Home,	Inc		
	23. PART Enter the diseases, or shock, or heart failure.				not enter								Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	e	Heyr.	tu		fai	luge						Onset end Deeth
z		DUE TO	(OR AS A CONSEC	OUENCE O	rh	m							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	UENCE O	1/								
IFIC.	CAUSE (Diseese or injury that initiated events	c. DUE 10	OR AS A COMSED	HENCE O	n /	Levis	A			+1			
CERT	resulting in death) LAST	d	gen	Lon	al-	cli	Lon	ever	The	itula	C		
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to	relati	eauiting	in the u	nderlyin	g ceuse	given in	Pert I.	24a. WAS AN PERFOI 1 TYES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
HAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (Ch	eck only o	nne)			
SIC	1 YES 2 10	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		na 5 🗆 F	lasidence	6 🗆 Oth	er (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE Of (Month, L		28b. TIR	ME OF JURY M		JURY AT DRK? YES 2	□ NO	26d. DE	SCRIBE HOW	NJURY OC	CURED	
0	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	29a. PLACE (building	OF INJURY — At ho, etc. (Specify)	me, farm,	street, fac	tory, offic	ie .		281. LO	CATION (Street or Town, State)	and Number	r or Rural F	loute Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	P	en-	149			29c. U	201	MBER DY-L)	29d. OAT	7/20	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAL	SE OF DEATH (ITE	4 27) (Ten	- Driet			4.		1			

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1	FOR STATE OF MARYLAN	D / DEPARTMENT OF I		NTAL HYGIENE REG. NO.	
1	1. DECEDENT'S NAME (First Middle Last) BESSIE M. A	USTIN		DATE OF DEATH MONTH 7 - 19 -	90 11 15 A
0	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr. 7.5) 1. \square M 2 \square 7. \square 7. \square 7. \square 8. \square 7. \square 8. \square 9. \square 10.	rs. lest birthday) F UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign
- 11	BON SECOUTS HASPIA RESIDENCE OF DECEDENT	H BA	or location of death		UNTY OF DEATH
U 11-	100. STATE 10b. COUNTY	BALTII			10d. INSIDE CITY IMITS? 1X YES 2 \(\square\) NO
FUNERAL	1510 MOSHER STREET	- #3N 10	2/2/	7 109. 0	USA
. 11	11. MARITAL STATUS 1 ☐ Neyef Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	If yes, s	pecify Cuban, Mexican, P	ORIGIN? (Specify Yes or No— uerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	a. DECEDENT'S USUAL OCCUPATI (Give kind of work done during mile. Do NOT use retired.)		16b. KIND OF BUSINESS/II	NDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last) CLEVELAND MASON	//0000	18. MOTHER'S NAME	(First, Middle, Malden Surname,	son
۲ ک	MARYONE AUSTIN	19b. MAILING ADDRESS (Street 13920 C	ASTLE C	BIVD SIL	WE Springs, M
1	1 Buriel 2 Cremetion 3 Removal from State off	ACE OF DISPOSITION (Name of ce her place) F - CA VAYY	Come her	y Brook	City or Town, State
	21. SIGNATURE OF FUNITIAL SERVICE LICENSRE	CHA"	IND ADDRESS OF FACILI	rist.H.	BAHINOR, NDZ
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CO	arlyl	oda of dying, such a	a cardiac or respiratory	Approximate Interval Between Onset and Death
IFICATI	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	MULLINGS MESIQUENCE OF): MESIQUENCE OF):	ul D	rare	
	PART II. Other significant conditions contributing to death but it	not resulting in the underlying	ng causa given in Pa	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO HOSPITAL: 1 HOSPITAL: 1 HOSPITAL:	OTHER:	PLACE OF OEATH (Check		
BY PHY	27. MANNER OF DEATH 1	INJURY W	JURY AT ORK? YES 2 NO	d. DESCRIBE HOW INJURY O	OCCUREO
		At home, farm, street, factory, offi	Ce 26	Bf. LOCATION (Street and Numi City or Town, State)	ber or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 DEERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basic of examination and				
BE.	290. SIGNATURE AND TITLE OF DENTIFIER	10	29c. UCENSE NUMBE	6 3 P	ATE SIGNED (Month, Ofy, Veer)
L	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	U 1940 L	U. BALI	TMORE &	T, BALT, MA
1	TUE 2 4 1990	IRE.			2_/21

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Viter	2 hours after death with the State Dept. of Health and Mental Hyg	It liem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR		STATE OF M	MARYLAND	/ DEPAI	RTMENT	r OF H	EALTH	AND I	MENT	AL HYGIEN	E	30	20090	
	1 - STATE REGISTRAR ALB		AULT		ERTIF						REG. NO.				
**	1. DECEDENT'S NAME (First, ALBERT ULYS	SEES A	ULT								TE OF DEATH DA	N I	90 ^{YEAR}	3. TIME OF DEATH .0:30 a M	
9	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (in yrs.	MBA	IF UNDER	ONTHS DAYS HOURS MIN. (Month, Day, Year)					Countr	B. BIRTHPLACE (State or Foreign Country) MARYLAND		
	21.5-03-9697				5	9b. CITY	, TOWN C	R LOCATI	ON OF DE		09-04	9c. COL	INTY OF D		
OR	ST. AGNES HOSPITAL					BAI	LTIM	ORE							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					TY, TOWN (OR LOCAT	ION				10d. INSIDE CITY			
PIB	MARYLAND					BALT	IMOR	E				1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 333 S. GII		CMDEEm				101	ZIP COD				10g. CI	TIZEN OF WHAT COUNTRY?		
INE	11. MARITAL STATUS	LMORE	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC	2122		NIC OR	GIN? (Specify Yea	or No-	U.S.	A . E — American Indian,	
B	3 Widowed 4 Divo		FORCES?	YES 2X	X NO		If yes, sp		n, Maxica	n, Puer	to Rican, atc.)			c, White, etc.	
l en	Elementary/Secondary (0-12) 10 College (1-4 or 5 +) MAINT 17. FATHER'S NAME (First, Middle, Lest) HARRY E. AULT 19a. INFORMANT'S NAME (Type/Print) HELEN D. SMITH 20b. PLACE OF 1 1 & Burdel 2 Cremetton 3 Removal from State					work done	CCUPATIO during mo	ON st of working	ng		18b. KIND OF BUS	SINESS/IN	DUSTRY		
MPLE							MAN				WESTER	N EL	ECTR	IC	
											• FOX	Surname)			
BE						G ADDRES	S (Street a			_	umber, City or Tow	n, State, Z	ip Code)		
2						WILE	KENS	AVE	NUE,	BAL'	TIMORE,	MD.	212	223	
												OCATION — City or Town, Sinta CTIMORE, MARYLAND			
	21. SIGNATURE OF FUNERA		4 /					M ADDRE						NERAL HOMES	
L	perado	a M	With	2										LE. MD.21228	
	23. PART I. Enter the dehock, or he immediate Cause (Fit disease or condition resulting in death)	aart failure.	List only one		ina.			-	ing, suc	ch aa c	ardiac or reap	retory a	rrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequantially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events reaulting in death) LAS	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE (DISEAS													
PHYSICIAN: MEDICAL	PART II. Other algoritics	ent condition	ns contributing to	daath but no	ot resulting	In the u	ndariyin	g cause	givan in	Part I	X YES 2	RMED?	7 241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq \text{NO} \)	
AA	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	LICOPITAL			T		LACE OF E	DEATH (Ch	heck onl	y one)				
ASIC	1 TYES 2 X NO		HOSPITAL:			_	raing Hon		aaldence		Other (Specify)				
ВУ РН		Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF JURY M	WC	JURY AT ORK? YES 2 [□ NO	28d.	DEŞCRIBE HOW I	NJURY O	CCURED		
		Could not be determined	28e. PLACE building	OF INJURY — At , etc. (Specify)	home, farm	, atreet, fed	ctory, offic	ie .		28f. 1	LOCATION (Street City or Town, State)	end Numb	er or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MED		SICIAN: To the best of											a) and menner as stated.	
u	296. SIGNATURE AND TITL	E OF CERTIFIE	ER					29c. LIC	ENSE NU	MBER		29d. D/	ATE SIGNE) (Month, Day, Year)	
TO B		F PERSON W	HO COMPLETED CAL	D JSE OF DEATH (ITEM 27) (Typ	oe, Print)		D1:	1815			P	7 -	20-90	
	James E. T.	aylor,		00 Cato		e. Ba	lto.	, MD	212	229					
	31. DATE FILED (Month, Day,	July Sul	a Javidson	Andels	1										
		W Jacob			-00									DHMH-16 I	

FOR

STATE REGISTRAR

BOX 13146,

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BALTIMORE, MARYLAND 21203-3146

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pe must examiner medical event, the or other traumatic shows any Injury, 23 Item 6 MPORTANT: If Item 28 Is marked,

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY 9 1990 5:25 Adkins July. P Fred A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 08-16-1899 DAYS HOURS Virginia 1 🕅 M 2 🗆 F -90-YRS 223-46-1161 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Physicians Memorial Hospital La Plata Charles 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Emporia Greensville 1 YES 2 NO Virginia 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 2 USA 23847 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☐ NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 XX Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Agriculture Farmer -0-17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cherry Coleman Jackson Adkins BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7903 Ferry Avenue Clinton, Md. 20735 Lawrence L. Wood 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (A 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from Stete

4 ☐ Donetion 5 ☐ Other (Specify) ______ Drewryville, Virginia Adams Grove Cemetery ses, or complications that caused the death. Do not enter the mode of T Enter the disea Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO JOR AS A CONSEQUENCE OF: that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AMJLABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO nt 2 - ER/Outpatient 3 - DOA me 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investign 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

Thank note: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner ee stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SIGNED (Month, Day, Year) (to) BE MH a 10/90 D21031 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) P. O. Box 249 2 Leatherwood Waldorf, Maryland 20604 Michael Α. M.D 32. REGISTRAR'S SIGNATURE DOWN 31. DATE FILED (Month, Day, Year) 1990

BALTIMORE, MARYLAND 21203-314

BOX 13146.

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OF VITAL RECORDS,

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IMPORTANT:

31. DATE FILED (Month, Day, Year)

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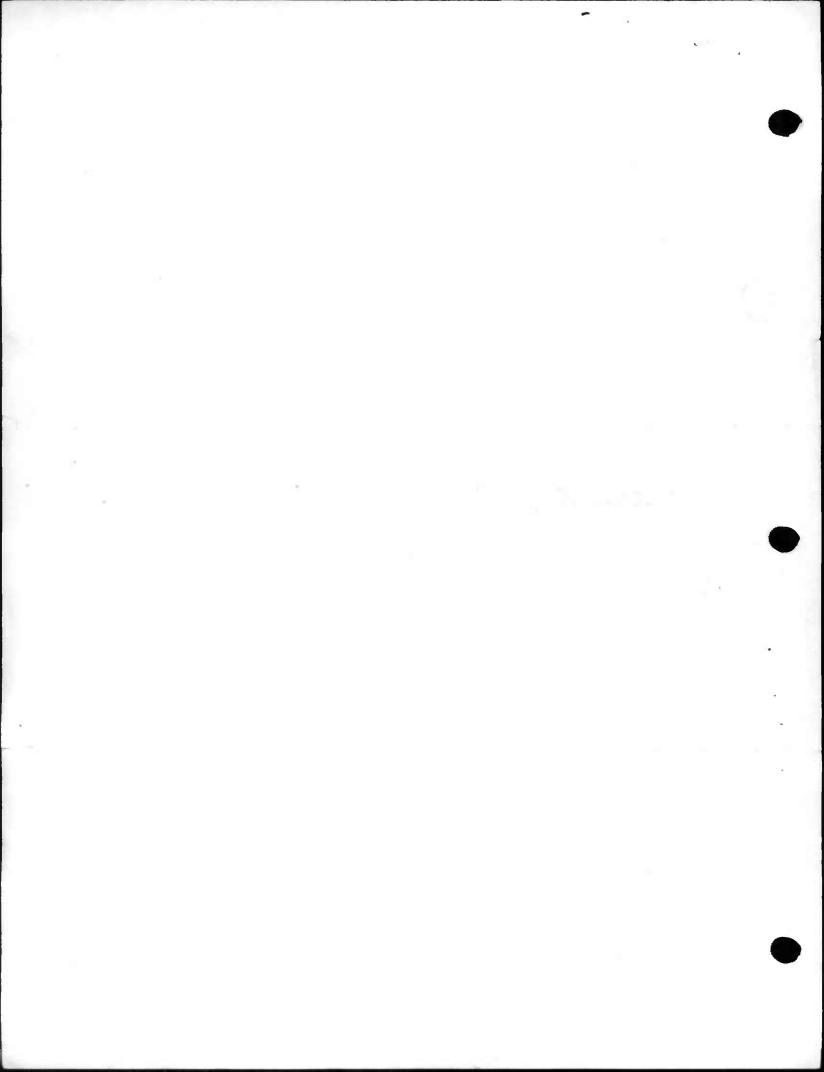
32 REGISTRAD'S SIGNATURE

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examiner must be notified at once.	
rked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	PHYSICIAN: MEDICAL CERTIFICATION
rked	1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 7-10-90 Cleveland Amos Jason 4:26PM 4. SOCIAL SECURITY NUMBER 8. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-92-2397 MONTHS DAYS HOURS 1 K M 2 | F 14 9-6-197 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County TOR Washington County General Hospital Hagerstown RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Washington Big Pool. MD. 1 TYES 2- NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2706 Indian Springs Road 21711 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2-1 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, atc. if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 TO NO Specify specinhite À 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete College (1-4 or 8+) Elamentary/Secondary (0-12) Student School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ronald Cleveland Amos Catherine Louise Thomas 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ronald Cleveland Amos Indian Springs Road Big Pool. 217111 MD. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Rest Haven Cemeter Hagerstown. MD. 4 Dg Other (Specify) CONATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Thompson Funeral Home, Donald E. Inc P.O.Box 310 Clear Spring, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DESIPRAMINE INTOXICATION reaulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE XXXX YES 2 NO OF DEATH? XXXXYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: NES 2 NO eatient XX ER/Outpatient 3 - DOA na 5 🗆 Rasidence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY NOON 1 Netural 5 Pending SUBJECT TOOK DRUG M 1 YES 2 NO BY 2 Accident investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 📝 Sulcide 8 Could not be COMPLETED RECREATION ROOM City or Town. UNKNOWN 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner as stated. XXX MEDICAL EXAMINER: On the basis of exer 29X SIDNATUS E AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Wear)
7-11-90 29c LICENSE NUMBER BE OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATA (ITEM 27) (Appl Print) 111 Penn Street, Baltimore, MD 21201 VC James Kaplan, ND



3 PHYSICIAN. The law requires that the death certificate be executed within 25, mours after death, Page 6 may be retained by the hospital or attending physician.	are this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	th with the State Dept, or Health and Mental Hyglene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NION	R. Afte	er dea	S III
NDIN	R. Afte	er dea	S

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA			NTAL HYGIENI REG. NO.	E	
		VELYN FRANC				DATE OF DEATH MONTH DA	property.	3. TIME OF DEATH
	4. SOCIAL SEGURITY NUMBER 5 216-32-4074 1	SEX 6. AGE (1	YRS. WORT	HS DAYS H	OURS MIN.	DATE OF BIRTH (Month, Day, Year)	2. 6. BIFT	HPLACE (State or Foreign try)
DIRECTOR	9a. FACILITY NAME (If not institution, give stree 444 E. Skaad RESIDENCE OF DECEDENT			BUCC		H :	Sc. COUNTY OF	nd
DIRE	MARYLAND HARFOR	D	BEL AI	WN OR LOCATION R	N			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER			1.7	IP CODE			WHAT COUNTRY?
FUNERAL	444 S. BROADWAY	2. WAS DECEDENT EVER IN	I I C ADMED	210		ORIGIN? (Specify Yea	U.S.A.	CE — American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, speci	fy Cuban, Mexican, I		Soe WHI	Chy:
TED	15. DECEDENT'S EDUCAT (Specify only highest grade coi	npleted)	16a. DECEDENT'S USUA (Give kind of work di ille. Do NOT use retir	one during most o	of working	16b. KIND OF BUS	INESS/INDUSTRY	
PLE	N/A N/A	College (1-4 or 5+)	TEACHER			BALTIMO	RE CITY	SCHOOLS
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest) JOSEPH COFFMAN	Sumame) MAN						
10	PAUL BOND (SON)		505 FRAN	CIS AVI	ENUE, BEI	AIR, MA	RYLAND 2	
	20a. METHOD OF DISPOSITION 1 Burial 2 □ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)		PLACE OF DISPOSITION		ery, crematory or		CATION City or TIMORE,	Town, State MARYLAND
	21. SIGNATURE OF FUNERAL BERVICE LICEN	5857	7	22. NAME AND	ADDRESS OF FACIL			
	· Gute 2	Eugl						RYLAND 21236
	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cause on ea	ach line.					Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		CONSEQUENCE OF):				•	
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL (PART II. Other significant conditions of LOCAL	contributing to death b	ut not resulting in the	e underlying o	cause given in Pa	PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТ	26. PLAC	CE OF DEATH (Check	conly one)		
HYSI	1 XYES 2 NO 1 27. MANNER OF DEATH	☐ Inpatient 2 ☐ ER/Outp 28a. DATE OF INJURY	28b, TIME OF	Nursing Home 28c. INJUF		Other (Specify)	NJURY OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Dey, Year)	INJURY	M 1 TE	S 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	, factory, office	2	est, LOCATION (Street (City or Town, State)	and Number or Rura	l Route Number,
COMPLETED	CONSCRIPTION OF THE CONTRACT O	N: To the best of my know On the basis of examination						o(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER SUBJECT OF CERTIFIER	for MeD.	Ejernen		DO //	94	D 7/2	ED (Month, Day, Year)
-		OLFER, M	0 2	013 7	agh Che	exelted Me	1 210	34
	31. DATE FILED (Month, Day, Year) JUL 2 4 1990	Julia Davidso	1- Achdall		Ú			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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1. DECEDENT'S NAME (First, A	fiddle, Last)							1		OF OEATH			3. TIME OF DEATH
Catheria	ne	Buse	chelbe	erger					O.7		_100	YEAR	12:30
4. SOCIAL SECURITY NUMBER	A .	5. SEX	6. AGE (In yr:	s. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	199	8. BIFF	THPLACE (State or Foreign
215-07-4428	8	1 - M 2 XF		93 YRS.	MONTHS	DAYS	HOURS	MIN.	3-	, Day, Year) L5-18	97		aryland
9e. FACILITY NAME (If not insti		et and number)			9b. CIT	Y, TOWN (OR LOCATION	ON OF DE			9c. COU		
Caton Harbo	or Nu		Ва	alti	more	Ci	ty						
	SIDENCE OF DECEDENT										I		
	10b. COUNTY			10c. CI1	TY, TOWN			~					10d. INSIDE CITY LIMITS?
Maryland				Baltimo			-		У				17 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE									WHAT COUNTRY?
3207 Fost	207 Foster Avenue				2122					4 Unit			ed States
11. MARITAL STATUS 1 Never Merried 2 M XX Widowed 4 Olvoro	S. ARMED	13.	If yes, ap			, Puerto I	? (Specify Yea	or No—	Ble	CE — American Indian, ack, White, etc. acity: White			
15. DECE	DENT'S EDUCA	TION	164	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-1		College (1-4 or 5	+)	life. Do NOT u	ise retired.))		g					
6 Yrs				Но	usev	<i>i</i> ife							
17. FATHER'S NAME (First, Mid										Viddie, Maiden	Sumame)		
John Foet	rtschl	beck					P	nna	Bet	t Z			
19a. INFORMANT'S NAME (Typ									loute Numi	ber, City or Tow	n, State, Zi	ip Code)	
Anna I. A	mrhei	n		9217	rod	<i>i</i> lin	e Ro	ad	Bai	Lto.,	MD 2	36	
20e, METHOD OF DISPOSITION AND ADDRESS OF THE PROPERTY OF THE	N 3 D Ramou	mi from State	20b. PL	ACE OF OISPO	SITION (N	lame of ce	metery, crer	natory or					Town, State
4 Donation 5 Other (S		ar non state		acred	Hea	art	of J	lesu	S	Ва	1tin	oro	3
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
21. SIGNATURE OF FUNERAL	SERVICE LICE	Pa .			22					т			1.
23. PART I. Epter tha dis	eases, or co	Mace mplications the at only one can	at caused thuse on each	e death. Do	I 22 I mot ente	Ji11	y & Sout	Zei h C	ler onk	ling	St.	Bal	Approximate interval Between
23. PART I. Epter tha disahock, or her immediate CAUSE (Fina disease or condition	eases, or co ert fellure. LI	mplications the at only one can have to be	of caused thuse on each	e death. Do	not ente	Ji11	y & Sout	Zei h C	ler onk	ling	St.	Bal	Approximate interval Between
23. PART I. Enter the disabock, or her immediate CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	eases, or coort fellure. LI	mplications the at only one can be at	of caused thuse on each	e death. Do Iline. NSEOUENCE C	not ente	700 or the mo	y & Sout	Zei ch C	ler onk.	ling	St. Iratory au	Ba mest,	to. 2122
23. PART I. Epter tha disabock, or hed shock, or hed shock, or hed shock, or hed shock, or hed disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	eases, or coort fellure. Li	mplications the at only one can but To oue To oue To oue To	of caused thuse on each	e death. Do Iline. NSEOUENCE C	22 I	700 or the mo	y & Sout	Zei ch C ing, such	ler onk nascard	24a. WAS AN PERFO	St. Iratory au	Ba mest,	Approximate interval Betwo Onset and Da
23. PART I. Enter the disabook, or her immediate Cause (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injurtat Intilated events resulting in death) LAST	eases, or co ert feliure. Li i a., ieta G G C. d. t conditions	mplications the at only one can be at	OF AS A CO	e death. Do iline. Inserting insert	DF):	ondarlyin	y & Sout	Zei ch C ing, such	Part I.	24a. WAS AMPERFO	St. Iratory au	Ba mest,	Approximate interval Between Onset and Da On
23. PART I. Epter tha disahock, or hed immediate Cause (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cause. See the condition of the con	eases, or co ert fellure. Li i a., ins, leta IG C. d.	mplications the at only one can but To DUE T	O (OR AS A CO O death but in	e death. Do iline. NISEOUENCE CONSEOUENCE	22 I	25. P	y & South de of dy	Zei ch C ing, such	Part I.	24a. WAS AMPERFO	St. Iratory al	Balmest,	Approximate interval Betwo Onset and Da
23. PART I. Enter the disabook, or her immediate Cause (Fina disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injunitat initiated events resulting in death) LAST PART II. Other algnificant in the condition of the condition o	eases, or co ert fellure. Li i a., ins, leta IG C. d.	mplications the at only one can but To DUE T	OF AS A CO O death but r	e death. Do iline. NISEOUENCE CONSEOUENCE	DF): OTHE	on the mo	y & South	Zei Ch C Ing, such given in	Part I.	24a. WAS AN PERFO	St. Iratory al	Balmest,	Approximate interval Betwo Onset and Da
23. PART I. Epter tha disabock, or hee shock, or hee disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificants and the condition of th	eases, or coort fellure. LI a. b. leta G d. t conditions	mplications the at only one can be at only one at only one at one	O (OR AS A CO O death but r	e death. Do iline. NISEOUENCE CONSEOUENCE	DF): OTHE 4 OTHER SURVEY MANAGEMENT OF LIJURY MANA	25. P	y & South Andrew South Andrew South Andrew South Andrew An	Zei Ch C Ing, such given in	Part I.	24a. WAS AN PERFO 1 VES	AUTOPSY AMEO?	Ballrrest,	Approximate interval Betwo Onset and Da
23. PART I. Epter the disabock, or her immediate CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant in the condition of the condition o	eases, or coort feliure. Li a. b. insta ig c. d. t conditions MEDICAL ending mestigation could not be etermined	mplications the at only one can be at one of the at	OF INJURY —, etc. (Specify)	e death. Do iline. NISEOUENCE C NISEOUENCE	DF): OTHE 4-Mu ME OF JURY M., street, fac	or the mo	y & South Added of dy South Added of dy South Added of dy South Added of dy South Additional Additi	Zei Ch C Ing, such given in	Part I. Pack only or 28d. DE: 281. LOC City to the care	24a. WAS AN PERFO 1 YES: Or (Specify) SCRIBE HOW CATION (Street or Yown, State	AUTOPSY RMEO? INJURY OX and Number	Ballrrest,	Approximate interval Betwo Onse; and Da Onse
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23. PART I. Epter tha disabock, or hed immediate Cause (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant in the condition of the condition	eases, or coort fellure. Line a	mplications the at only one can one can only one can one c	OF INJURY —, etc. (Specify)	e death. Do iline. NISEOUENCE C NISEOUENCE	DF): OTHER 4-MILLIANT ME OF JURY M., street, factors at the med a	or the mo	y & South de of dy de of	Zei Ch C Ing, such given in BEATH (Che Beldence	Part I. Part I. Part I. 28d. DE: 28t. LOCK City to the ca	24a. WAS AN PERFO 1 YES: Or (Specify) SCRIBE HOW CATION (Street or Yown, State	I AUTOPSY AMEO? INJURY OC and Number of the stand due to	Ballrrest, 2 CCCUREO or or Run ated.	Approximate interval Betwo Onset and Ds Onse
23. PART I. Epter tha disabock, or hed immediate Cause (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant in the condition of the condition	eases, or coort fellure. List a	mplications the at only one can be at one contributing to contribu	OF INJURY e death. Do line. NISEOUENCE C NISEOUENCE	not ente	or the mo	y & South de of dy de of	Zei Ch C Ing, such given in BEATH (Che Beldence	Part I. Part I. Part I. 28d. DE: 28t. LOCK City to the ca	24a. WAS AN PERFO 1 YES: Or (Specify) SCRIBE HOW CATION (Street or Yown, State	I AUTOPSY AMEO? INJURY OC and Number of the stand due to	Ballrrest, 2 CCCUREO or or Run ated.	Approximate interval Betwoonset and Da	

DHMH-16 Rev 1/89

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-rours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAN						10711		DEA	**	LIE	G. NO.			
1. DECEDENT'S NAME (First, BEU		BARBER								2. DATE OF DE	22 22		*59 0	3. TIME OF DEATH 3.00 A M
4. SOCIAL SECURITY NUMBER 215-09-2649		5. SEX 1 □ M 2 🔯 F	6. AGE (1		t birthday) YRS.	IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIF (Month, Day, 1-15	RTH Year)		Count	IPLACE (State or Foreign ny) Cyland
					ing.								<u> </u>	7
9s. FACILITY NAME (If not in		The second street						OR LOCATION	ON OF DE	ATH		9c. COU	NTY OF D	EATH
Meridian L	-	een				Baltimore								
RESIDENCE OF DEC	10b. COUNT	,			10c. CITY, TOWN OR LOCATION 16						104 INSIDE CITY			
Maryland	Balti				100.01	Towson					10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
10a. STREET AND NUMBER							10	of. ZIP CODI	E		1	10g. CIT	IZEN OF	WHAT COUNTRY?
901 Southe	rly Ro	_						2120)4			Ţ	J.S.	. <i>P</i>
11. MARITAL STATUS		12. WAS DECEDED FORCES?	T EVER IN	U.S. AR	MED	13	If yes, a	CENDENT C	F HISPAN	IC ORIGIN? (Spe n, Puarto Rican,	atc.)	or No—	Blac	E — American Indian, k, White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES 1 YES 2 MRD IF YES, GIVE WAR OR DATES							1 🗌 YE	S 2 X NO	Specify				Spec	White
15. DEC	EDENT'S EDU	CATION			CEDENT'S					18b. KIND	OF BUSI	NESS/IN		
(Specify oni	ly highest grade	College (1-4 or 5		(G life.	ive kind of . Do NOT u	work done se retired.	during m	nost of working	ng					
Liamona, your on any (, ,	1 yr.	"	Pe	ersor	nal	Shop	per		Re	tail	Sal	les	
17. FATHER'S NAME (First, N	fiddle, Last)								HER'S NA	ME (First, Middle,				
Adam W. Le								1		e Wald				
19a. INFORMANT'S NAME (40	h MAII IAI	ADDDE	26 (C+			Route Number, Cit		Crass Tr	in Code	
Mrs. Ruth		10												4.4
20e. METHOD OF DISPOSIT		· C								. 4 21	204	TOMS	son,	1C e
20a. METHOD OF DISPOSIT 1	on 3 Bem	oval from State	_ 20b	other pl	d Ric	lge l	Mails	onetery, crem	natory or				City or To	
21, SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				22	. NAME /	AND ADDRE	SS OF FA					
▶ Q ^R	bert M	Kratz	V.	+	_					edefel		me]	Inc.	
23. PART I. Enter the d	70/V	nomplications th	Y	2	de po	201 221				Rd. 21		-1	es et	Approximata
shock, or h	asrt fallure.	List only one cs	use on a	ech\in	ain. Do	not ante	ii tiid iii	ioda oi dy	ilig, soci	ii sa cardisc c	n respire	atory si	rost,	Interval Between
IMMEDIATE CAUSE (FI	nel	_	f		1	- 11		1						Onaet and Death
disease or condition reaulting in death)	\rightarrow	. In	tra	cro	ml	1	CM	MUL	1C					3 Locus
		DUE TO	OR AS A	CONSE	OUENCE O	Hemminge 3								
Sequentially list condit	done.	b	13		OUENCE O									
If any, leading to imme	diate	DUE TO	(OR/AS A	CONSE	OUENCE O	P):								
ceuse. Enter UNDERLY CAUSE (Disease or Inju		c												
that initiated events resulting in death) LAS		DUE TO	OR AS A	CONSE	OUENCE C	OF):								
Toouting in death) LAS	" L	d												
PART II. Other significa	ant condition	ns contributing to	death b	ut not	resuiting	In the u	undertyl	ng cause	alven In	Part I. 24s.	WAS AN A	UTOPSY	24	b. WERE AUTOPSY FINDINGS
1	1	01102					2011				PERFORM	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
		SCVLI								1 🗆	YES 2	NO		OF DEATH?
										_				1 TYES 2 NO
						<u>.</u>								
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:				OT***		PLACE OF D	DEATH (Ch	eck only one)				
1 VES 2 NO		1 Inpatient 2	☐ ER/Outp	patient 3	DOA	OTHI 4 IZ N	ursing Ho	ome 5 🗆 R	esidence	6 Other (Spe	iclfy)			
27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)		28b. TII	ME OF		NJURY AT VORK?		26d. DEŞCRIB	E HOW IN	JURY O	CCURED	
and the same of th	Pending investigation	(month)	-y, 10m/		"	М		YES 2	□ NO					
2 Accident 3 Suicide 6	Could not be	28a. PLACE			ome, farm,	atreet, fo	ctory, off	lice		28f. LOCATION		nd Numbi	er or Rural	Route Number,
4 Homicide	detarmined	building	, etc. (Spe	ury)						City or Tow	vii, S(BTB)			
29a. CERTIFIER 1 D CER	TIFYING PHYS	ICIAN: To the best of	of my know	rledge, d	eath occur	red at the	time de	te and elec	and due	to the councin	and mans	ner as st	stori.	
CONSUM ONLY														(a) and manner as stated.
29b. SIGNATURE AND TITL	E OF CENTRE	R //A -						29cmL10	ENSE NUI	MBER /	1	29d, DA	TE SIGNE	D (Month, Dye Year)
	145	ec(M)							22	719		>	7/2	23/40
30. NAME AND ADDRESS O	F PERSON W	10 COMPLETED CA	USE OF DE	ATH (ITE	M 27) (Typ	e, Print)	11	-		0	_	Th		
SIUNV	V	13- 1SE	u	-/V	12	35	01	ング	PDU	4 51		100	MM	1
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 2 4 1990 Julia Davidson-Randolla													

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DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARY				EALTH AI		NTAL HYG			
,	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEAT	TH DAY	YEAR	3. TIME OF DEATH
í	MYRTLE BELL		BECK					ULY		990	6:25 P.M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthda)) IF UNDER	1 YEAR	IF UNDER 24	HRS. 7. C	DATE OF BIRTI	H ar)	8. BIRTI Count	HPLACE (State or Foreign
	236-38-7926	1 M 2 X F 85 YRS. WHAT AUG. 4, 1904 WE									T VIRGINIA
	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN OR LOCATION OF DE					DEATH		
DIRECTOR	1029 SHARON DRIVE	3			GLEN	BURNI	ΙE		A	NNE A	RUNDEL
<u> </u>	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,	10c, C	HTY, TOWN C	OR LOCAT	ION					10d, INSIDE CITY
E	MARYLAND ANNE	ARUNDEL		GLEN E							1 YES 2 THO
	10e. STREET AND NUMBER	INCHED		JULIV I		ZIP CODE			10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL	1029 SHARON DRIV	JF.				21061	١			U.S.A	
5	11. MARITAL STATUS	12 WAS DECEDENT EVER	IN U.S. ARMED			ENDENT OF I	HISPANIC O	RIGIN? (Speci	fy Yea or No	- 14. RAC	E — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	DATES XNO			ecify Cuban, I 2 □XNO		uerto Rican, et	C.)	Spec	
BY	3 X Widowed 4 Divorced							1		1	WHITE
LETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT	of work done use retired.)	during mo	N st of working		16b. KIND O	F BUSINESS	MINDUSTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)		MEMAKI	ΣR			OWN	HOME		
3	UNKNOWN 17. FATHER'S NAME (First, Middle, Last)	NONE				18 MOTHER	R'S NAME (First, Middle, M		ne)	
	WILLIAM COLI	INS				4000	ANDA			KNOWN)
45/	19e. INFORMANT'S NAME (Type/Print)	12110	19b. MAILI	NG ADDRESS	S (Street a			Number, City of			/
٩	MRS. RUBY F. OSBO	DRNE	10	029 SF	IARO	DRIV	JE G	LEN BU	RNIE.	MD. 2	1061
-1	20a. METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Crematton 3 🗆 Rame		0b. PLACE OF DISF							N City or T	
- 1	4 Donetion 5 Other (Specify)	DVall Holli Statu	GLEN HAV	VEN ME	EMOR:	IAL PA	ARK	G	LEN B	URNIE	, MD.
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22.	NAME AP	ID ADDRESS	OF FACILIT		TETON	FINE	RAL HOME
	> 99 Harry	Halei		1	SECO	OND AU	TE C				MD. 21061
	23. PART i. Enter the diseases, or o	complications that caus	ed the deeth. D	o not enter	the mo	ds of dying	g, such se	cardisc or	respiratory	y srrest,	Approximats Interval Between
	IMMEDIATE CAUSE (Final	List Dnly one cause on	lst pnly one cause on each line.								
Ì	disease or condition resulting in deeth)	Lung	C	me	/						
	ACCOUNT ASSOCIATE OF	DUE TO OR AS	A CONSEQUENCE	OF):							
N	Sequentially list conditions,	b	A CONSEQUENCE	OF							
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	00E 10 (ON AS	A CONSEQUENCE	. OF J.							j
윤	CAUSE (Diseese or Injury that Initiated events	C DUE TO (OR AS	A CONSEQUENCE	OF):							
	resulting in deeth) LAST	d.									
	DARY II. Other classificant condition	a contribution to doubt	had and seculate	an In the con			un In Don	41 04 11		200	WEST ALTONOV SWIPMON
K	PART II. Other eignificant condition	is contributing to asset	DUT NOT TESUITIF	ig in the U	naeriyin	g cause giv	ven in Par		AS AN AUTO ERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă				·				1 D Y	ES 2 N	°	DF DEATH?
Ž								-			1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEA	ATH (Check o	only one)			
딣	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 □ DO/	OTHE	R:			Other (Specif	U I		
Ĭ	27. MANNER OF DEATH	26e. DATE OF INJUR	Y 28b.	TIME OF	26c. IN.	URY AT		d. DESCRIBE		OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	"	INJURY M		YES 2	NO				
	3 Suicide 6 Could not be	28s. PLACE OF INJU building, atc. (S	RY — At home, fari	m, atreet, fac	tory, offic	a	28	t. LOCATION (imber or Rural	Route Number,
H١	4 Homicide datermined										
2	Crieck only	ICIAN: To the best of my kn	owledge, death occ	curred at the	time, date	and place, a	and due to t	the cause(s) ar	nd menner a	s stated.	
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the basis of axamina	tion end/or investig	ation in my	opinion, d	leath occured	d at the time	e, data end ple	ice, end dua	to the cause	(e) end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	B /		V	<u></u>	29c. LICEN	ISE NUMBER	R .	29d.	DATE SIGNE	D (Month, Day, Year)
O BE			5	/.		U	1 8	501		7.	-20-40
2	30. NAME AND ADDRESS OF PERSON WH			Type, Print)	SUIT	E 306	,			1	1
	DR. CHARLES J. WU 31. DATE FILED (Month, Day, Year)		AIN	GLE	EN BI	JRNIE.	MD.	2106	1		
	JUL 2 4 1990 A	una Davidson-N	andie								
- 1	30 L 10 - 1000	-	- 1								

9a, FACILITY NAME (If not institution, give street and number)

2932 Stafford Street

10b. COUNTY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10c, CITY, TOWN OR LOCATION

Baltimore

IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN.

9b. CITY, TOWN OR LOCATION OF DEATH

Baltimore City

FOR STATE

10a. STATE

DIRECTOR

REGISTRAR

James

4. SOCIAL SECURITY NUMBER

217-12-7698

RESIDENCE OF DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)

REG. NO

21

2. DATE OF DEATH

7. DATE OF BIRTH

6-12-23

BALTIMORE, MARYLAND 21203-31	fter death. Page 6 may be retained by the hospital or attending	the funeral director, page 5 should be detached for use as the oval.
	ours a	in by
	24 110	filled tion, o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within x= viours after death. Page 6 may be retained by the hospital or attending	F FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 5 within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
DIVISION	E HOSPITAL OR ATTENDING	E FUNERAL DIRECTOR: After I within 72 hours after death

Maryland FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 520 Hurley Ave. 21223 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2XX Married BY 3 Widowed 4 Divorced WWII COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 6+) 6th grade U.S. Steel Co. Crane operator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Marion J. Collins Edith Carr BE be notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2932 Stafford ST. Baltimore, MD 21223 Margaret Bading 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 1 Donation 5 Other (Specify) examiner must Loudon Park Gemetery 21. SIGNATURE OF FUNERAL SERVICE-LICEN 21. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, 4107 Wilkens Ave.; Baltimore, Md. medical 24 PABPI. Enter the diseases, or confolicetions that caused the des shock, or heart failure. List only one cause on sech line. indications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, IMMEDIATE CAUSE (Finel the disease or condition resulting in death) event, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to buria IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic. Carrenouse BY PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, (DR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? fuluomaus 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Tasidence 6 Other (Specify) 27. MANNER-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE 9 ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> . Alejandro Mejia; Springfield Hosp. Center 32. REGISTRAR'S SIGNATURE Julia Savidson-Randoll

1990

Collins

6. AGE (in yrs. last birthday)

YRS.

77. 67

5 SEX

1 XM 2 F

90 20047

3. TIME OF DEATH

10d. INSIDE CITY

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

White

21229

Approximete Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

U.S.A.

28c. LOCATION — City or Town, Stata

Baltimore, MD

Inc.

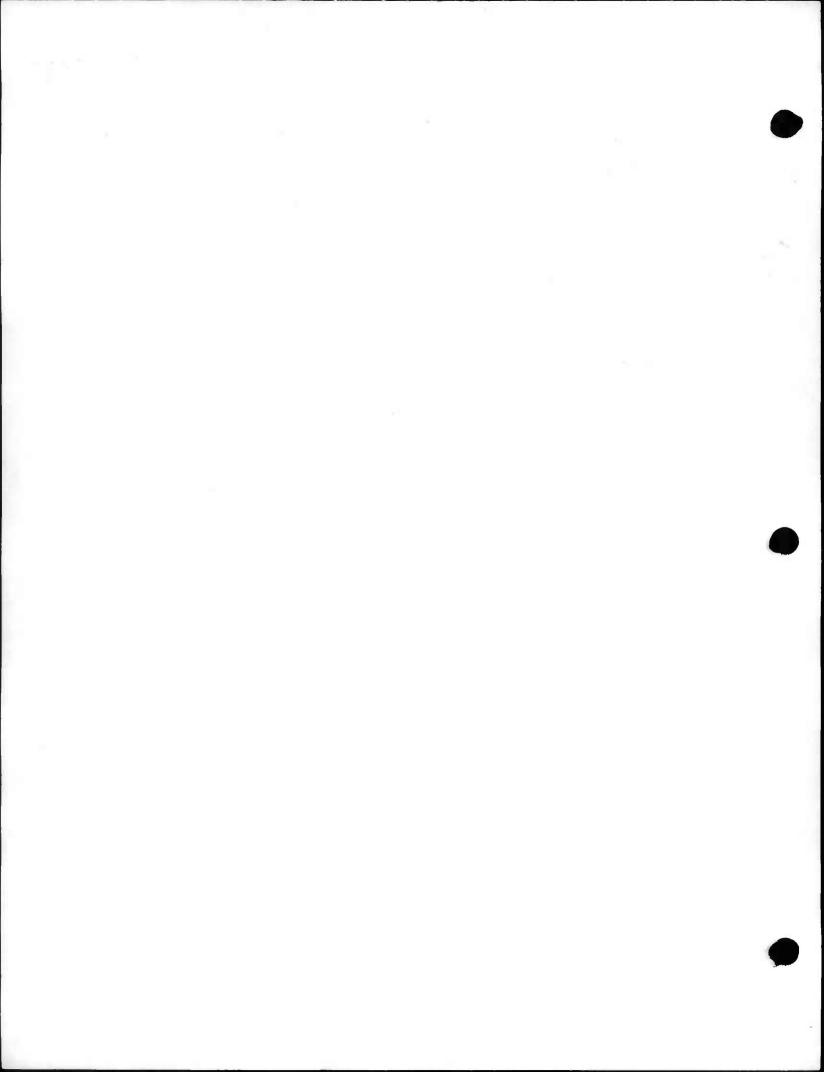
2:00 a

90

9c. COUNTY OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amounts after death. Page 6 may be retained by the houseand or attending providing	ned by the hospital or attending physical	· un
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner and be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	ould be detached for use as the burian	IJ
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	led at once.	

	REGISTRAR		CI	ERTIF	ICATE	OF	DEA	TH	RE	G. NO.			
ŀ	1. DECEDENT'S NAME (First, Middle, Las	nt)		d					2. DATE OF D				3. TIME OF DEATH
)	Vincent C. Cese	naro						- 1	MONTH	2/		90	6 45 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	of Palestrolous I	IF UNDER	1 VEAD	JF UNDER	24 MDC	7. DATE OF BI		1	, -	LACE (State or Foreign
		1 1 2 F			MONTHS	DAYS	HOURS	24 HRS. MIN.	(Month, Day,	Year)		Country)	
	218-09-2630		68	YRS.		3-28-22 Maryla						·	
	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TOWN OR LOCATION OF DEA				TH		9c. COU	NTY OF DE	ATH
۲ ا	Harbor Hospital	Center			Re	alti	more	City	,				
ξ I	RESIDENCE OF DECEDENT	301104			200								
DIMECTOR	10a. STATE 10b. COUI	NTY		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
5	Maryland			Baltimore						1 X YES 2 NO			
	10e, STREET AND NUMBER			-	741.51	_	. ZIP COD	E			10a, CITI	ZEN OF WI	IAT COUNTRY?
٩ <u>١</u>	2702 0	n 1					010	2.0					
FUNERAL	3702 Greenvale						2122				_	S.A.	
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	IT EVER IN U.S. AF	MED NO	13. 1	WAS DEC If yes, sp	ENDENT (OF HISPANK In, Mexican	C ORIGIN? (Sp., Puerto Rican,	ecify Yes etc.)	or No-	14. RACE - Black,	American Indian, White, atc.
2	3 Widowed 4 Divorced		1	YES	2 XNO	Specify:				Specify			
	- Historica - All Directors										White		
EIED	15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	16a. DE	CEDENT'S live kind of a Do NOT us	USUAL Of	CCUPATH during mo	ON ast of worlds	ng	16b. KIND	OF BUS	INESS/INC	DUSTRY	
и	Elementary/Secondary (0-12)	College (1-4 or 5	iiie	. Do NOT us	e retired.)	-		_	1				
COMPL	8th grade			Sal	Lesma	n			Bake	ry p	produ	icts	
5	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	IE (First, Middle	, Malden :	Sumame)		
	Guistavo Cesena	ro					Mar	ria P	revita	1			
R R	19a. INFORMANT'S NAME (Type/Print)		40	h MAH ING	ADDDEES	(Street			oute Number, Ci		State 74	Code1	
2		narc	100										
	Juanita L. Cese	uaro							altimo				
	20a. METHOD OF DISPOSITION 1 対 Burial 2 ☐ Cremation 3 ☐ Re	amoval from State	20b. PLACE other p	face)				matory or				City or Tow	
	4 Donation 5 Other (Specify)	rkwoo	od Ce	emet	ery			Ba	ltimo	ore,	MD		
	21. SIGNATURE OF FUNERAL SERVICE	SIGNATURE OF FUNERAL SERVICE LICENSEE						SS OF FAC					
- 1	· Cachioi	W. XA	mana	20					1 Home				
-									ve. E				-
- 1	23. PART Linter the dieeeses, to shock, or heart fallur				not enter	the mo	de of dy	ing, such	aa cardiac	or reapl	ratory en	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	ie. List only blie car	Joe on Gaci iii	0.									Onset end Death
	disease or condition	NON	SMAI	, (511		CAR	rial	~ M 4	0 =	T H	_	
ı	reculting in death)	a. NON	OR AS A CONSE	QUENCE O	Fi:		07110	0 / / 0	0 1 1 74		- //	1	
5	Sequentially list conditions,	b. CUNDUE TO	IOR AS A CONSE	OHENCE O	P.		214	>(7	70	130,			+
7													
2	CAUSE (Disease or Injury	c. PUE TO	C U M C	OHENCE O	T .								1
=	that initiated events reaulting in deeth) LAST					4 .							į
CERTIFICATION		d. ELEC	- 1100	YIE	-	7 6	1661	Ty.					1
_	PART II. Other significant condit	lione contributing to	death but not	resulting	In the ur	nderivin	q cause	given in F	Part I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL			A SECTION AND A SECTION	-1-1-1-1			· matte	-		PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă									_ 10	YES 2	NO		OF DEATH?
									_				1 TYES 2 NO
<u> </u>													
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL						LACE OF I	DEATH (Che	ck only one)				
ا _{ال} ا	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 R	lesidence i	a ☐ Other (Spi	ecity)			
ا غ	27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. Tilk	E OF	28c. IN.	JURY AT	1	28d. DESCRIE		NJURY OC	CURED	
	1 Netural 5 Pending	(Month, I	Day, Year)		JURY M	W	ORK? YES 2	NO					
B	2 Accident Investigation		AC IN HIRDY A. L	- fr	internal for				28f. LOCATIO	M /Pe	and Mount	e ne Donal D	outh Mumber
	3 Suicide a Could not 4 Homicide determined	be building	OF INJURY — At h , etc. (Specify)	ome, rarm,	acrest, rac	tory, orn	J. W.	Į		wn, State)		or nurai He	oute Number,
COMPLETED	- I Homicide determined												
ا ټ	29a. CERTIFIER (Check only	IYSICIAN: To the best o	f my knowledge, d	eath occur	red at the !	time, date	and place	e, and due	to the cause(a) and mar	nner as ats	rted.	
Ξ	(Critical Orley	MINER: On the basis of											and manner as stated.
႘၂				-									
BE	296. SIGNATURE AND TITLE OF CERTI	FIER					29c. LIC	ENSE NUM	IBER				(Month, Day, Year)
2	the state of the s	بعلا										7-21	- 50
=	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	ISE OF DEATH (IT	ЕМ 27) (Тур	, Print)								
	DANIEL	ROSLER	. Н	. H. c									
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE			-			***************************************				
	0 4 4000	1.6. K. 1	. 50.0										
	10 2 4 1990	Julia David	Very-Manage	A CO			:				-		DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Midd	le, Last)						2. DATE OF DEATH	MY Y	EAR	3. TIME OF DEATH
ELIZABE	TH T. COLWI	LL					7 4			9:00A.M.
081-03-9160	5. SEX 1 □ M 2本 F	8. AGE (In yrs. la		F UNDER 1 YE		R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/24/10	8.	BIRTHE	PLACE (State or Foreign
FACILITY NAME (If not instituted 102 W. 39th					WN OR LOCAT			9c. COUNTY	OF DE	ATH
ESIDENCE OF DECEDE										
	COUNTY			TOWN DR LO						10d. INSIDE CITY LIMITS?
MD.			BAL	rimor						1 YES 2 NO
e. STREET AND NUMBER					10f, ZIP COD					NAT COUNTRY?
102 W. 39th		A NT EVER IN U.S. A			2121				S.A	
Merried 2 Married Widowed 4 Divorced	FORCES?	1 YES 2 WAR OR DATES		If yes		an, Maxic	NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) fy:	is or No 14	Specifi WHI	
15. DECEDEN	T'S EDUCATION est grade completed)	16a. D	ECEDENT'S US	BUAL OCCU	PATION	lu a	16b, KIND OF BU	SINESS/INDUS	TRY	
Elamentary/Secondary (0-12)	College (1-4 or 8	i+)	Give kind of wor e. Do NOT use i	retired.)	g most or work	ing				
. FATNER'S NAME (First, Middle,	Last)				18. MOT	HEA'S N	AME (First, Middle, Maide	n Surname)		-
a. INFORMANT'S NAME (Type/Pi	rint)	1	9b. MAILING A	DDRESS (Str	reet and Numbe	or or Rumi	Route Number, City or To	wn. Statu. Zio Go	ade)	
EDWARD COLWII	LL (son)						timore, Mo			
A. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSIT		The second second			OCATION CIT		wn, State
☐ Buriel 2 ☐ Cremation 3 ☑ Donation 5 ☐ Other (Spec		other p	olace)							
. SIGNATURE OF TUNERAL SEP	WICE LICENSEE			22. NAN	E AND ADDRI	ESS OF F	ACILITY			
1 Junil	West Ute	P. 7-24	40	St	ate An	ator	ny Board, 1	Balto.,	, Mc	1. 21201
S. PART I. Enter the disees shock, or heert MMEDIATE CAUSE (Final ilsease or condition	feliure. List only one ca	use on each iin	10.					piratory arres	it,	Approximate interval Betwee Onset and Dec
esuiting in death)	a	Carcles O (DR AS A CONSI Jerrase)	EQUENCE OF:	rhy	lime	~				minule
	- 1	Loniarel	enalu	Hear	1 Du	en	_			years
Sequentially list conditions, I any, leading to immediate cause. Enter UNDERLYING	DUE T	O (OR AS A CONSI								
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE T	O (OR AS A CONSI	EQUENCE OF):							
PART II, Other algoriticent or	onditions contributing t	o deeth but not	resulting in	the under	lying cause	given in		N AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO
							1 YES	2 🗍 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO ME	DICAL				8. PLACE OF	OEATN (C	heck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient		OTHER:			8 ☐ Other (Specify)			
7. MANNER OF DEATH 1 Natural 5 Pend	28a. DATE (28b. TIME	DF 286	NJURY AT WORK?		28d, OEŞCRIBE NOW	INJURY OCCU	RED	
2 Accident Inves 3 Suicide 6 Could	tigation 26e. PLACE	DF INJURY — At 1 g, atc. (Specify)	nome, ferm, str			_ NO	281. LOCATION (Stree City or Town, State	t and Number or e)	Rural F	Number,
CERTIFIER 1 CERTIFYII	IG PNYSICIAN: To the best									and manner as extend
BE SIGNATIFIE AND TITLE OF	-			, as my opini		CENSE NU				(Month, Day, Year)
Thely h	Ohasu				D	129	57	> 7/	191	190
0, NAME AND ADDRESS OF PER	ISDN WHO COMPLETED CA	USE OF DEATH (IT	EM 27) (Type, F	Print)						
. DATE FUL 24 1990	32. REGISTI	RAR'S SIGNATURE								

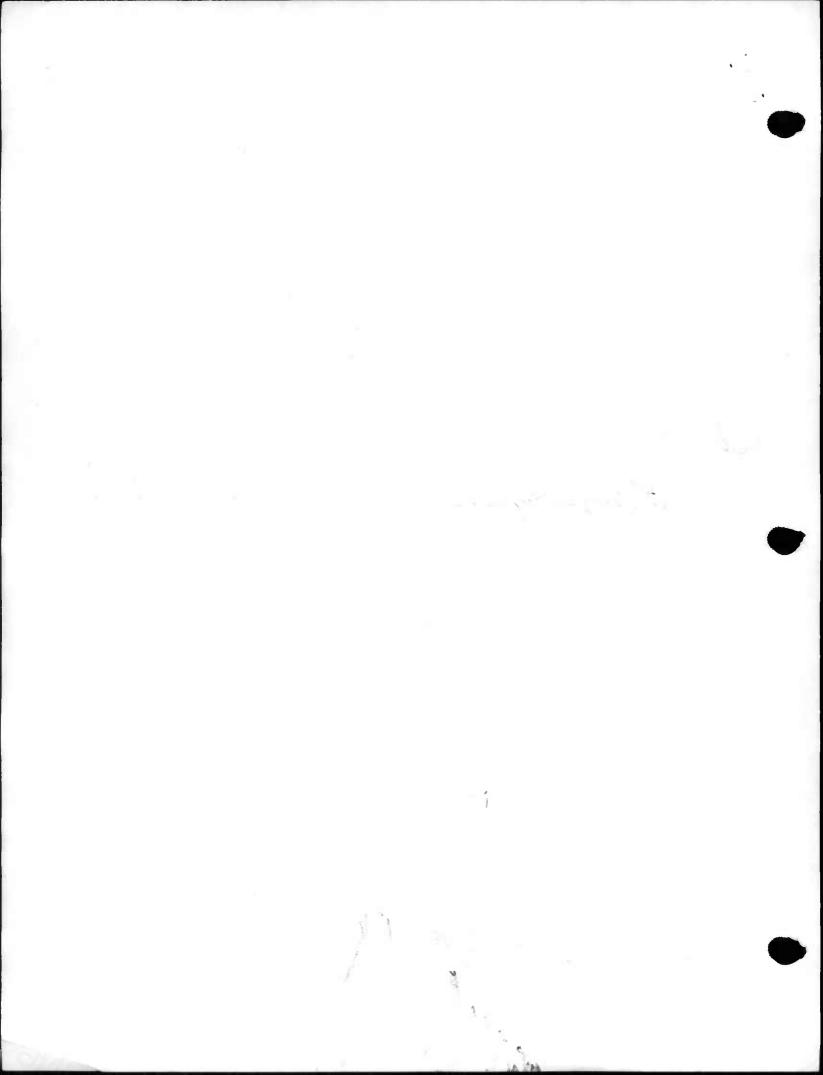
BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			ERTIF	ICATE O	F DEATH		REG. NO),			
	1. DECEDENT'S NAME (First, Middle, Las						2. DATE	E OF DEATH	MY	YEAR	3. TIME OF DEATH	
	Elme	r BARR	Cona	way			JUL		19 1	990	6:13 P M	
	4. SOCIAL SECURITY NUMBER 217-16-1231	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEA MONTHS DAY		(Mon	th, Day, Year)	921	Count		
	9a. FACILITY NAME (If not institution, give	re street and number)			9b. CITY, TOW	N OR LOCATION OF D	FEB.	4, 19	- Ball - Ball	INTY OF E	YLAND	
HOL	North Arundel Hospi	tal,301 Hos	oital Dri	ive	Glen B	umie			Anne	e Arur	ndel	
DIRECTOR	MARYLAND ANNI	ARUNDEL	L GLEN BURNIE							1		
FUNERAL	100. STREET AND NUMBER 429 INGRAM COURT 21061									J.S.A	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Pusit I YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC OR If yes, specify Cuban, Maxican, Pusit I YES 2 NO Specify:						an, Puarto		a or No-	Blac	E — American Indian, ik, Whita, atc. ify: WHITE	
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done during most of working)							DUSTRY			
MPL	12 th	NONE	*/	SI	C E7			U.S.				
BE CO	17. FATHER'S NAME (First, Middle, Last) ELMER	BARR				SOPHIA		CONAW				
0	MRS. ANNA M.	CONAWAY				et and Number or Rural COURT G					61	
1	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)		other	r place)		cemetery, crematory or			OCATION -			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	— 1 MA	RYLAN	22. NAM	RANS CEMET	ACILITY (T UKU	TON I	PLIMITE	MD.	
	+ S. Harne	Heale	lins		1 SI	ECOND AVE.	. S.V	V. GL	EN BU	RNIE	, MD. 21061	
	23. PART I. Enter the disease, shock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	re. List only one ce	O (OR AS A CON	ine.		Infarc			onatory e		Approximete interval Between Onset and Desti	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	O (OR AS A CON									
MEDICAL	PART II. Other aignificant condi	tiona contributing to	o desth but no	ot reauiting	in the under	ying cauae given ir	n Part I.	24s. WAS A PERFO	PRMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?					B. PLACE OF DEATH (C	heck only	one)				
)	1 TES 2 NO	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHER:	Homa 5 🗆 Residence	8 🗆 Ott	her (Specify)				
Y PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED											
								l Route Number,				
COMPLETED	(Critick Orlly	HYSICIAN: To the best of									(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERT				, , op ilio	29c. LICENSE N		piece,				
TO BE	then.	~		mo		D 36)	≥ 29d. D/	O 7	D (Month, Day, Year)	
۲	30. NAME AND ADDRESS OF PERSON						14	, , ,	1061	,		
	Krisham K. Singal,	1500 (32 REGISTE	rain Hig	nway,S	ı,#∠U1, (<u>ilen Burnie,</u>	Mary	Tand, 2	1061			



OALLINOTE, MATICAND 21203-0140	within a recours after death. Page 6 may be retained by the hospital or attending physician. operety filled in by the funeral director, page 5 should be detached for use as the burial-transit permi cremation, or removal.	
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount of after death. Page 6 may be retained by the law requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. For the site death with the State Dept. of Heath and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1	FOR STATE OF MARY REGISTRAR		IMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.	E 9	0 20051				
L	(ARL H. DOCR		R.	2. DATE OF DEATH / DATE OF DEA	90	0530 AH				
	010 05 5500	BE (In yrs. last birthday) One of the second secon	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 21, 1	Cou	THPLACE (State or Foreign Intry) HINGTON, D.C.				
-	99. FACILITY NAME (If not institution, give street and number) SUMMIT NURSING HOME		96. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF BALTIM	OF DEATH				
REC	RESIDENCE OF DECEDENT 10a. STATE MARYLAND BALTIMORE	10b. COUNTY 10c. CITY, TOWN OR LOCATION								
4	100. STREET AND NUMBER 630 INGLESIDE AVENUE		10f. ZIP CODE 21228	3	10g. CITIZEN OF	F WHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 Y. 3 Widowed 4 Divorced	ES 2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, etc.)		ACE — American Indian, ack, Whita, atc. pecify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY								
BE COM	FOREMAN BALTIMORE GAS & ELE 7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ALVINA RESCH									
0	190. INFORMANT'S NAME (Type/Frint) CARL H. DOERR JR.		ADDRESS (Street and Number or Rural NGLESIDE AVENUE			21228				
	20a. METHOD OF DISPOSITION 1 Y Burlel 2 Cremation 3 Ramoval from State 4 Donetion 5 Other (Specify)	20b. PLACE OF DISPOS Other place) GOOD SHEPH	ITION (Name of cometery, crematory or HERD CEMETERY		CATION — City of ICOTT C	Town, Stata ITY, MD.				
	21, SIGNATURE OF FUNEBAC SERVICE LICENSEE	the	22. NAME AND ADDRESS OF F LEROY M. & RU 1630 EDMONDS	ISSELL C. W						
	23. PART I. Enter the diseases, or complications that cause of shock, or heart failure. List only one cause of iMMEDIATE CAUSE (Final disease or condition resulting in death)	n each line.		ch as cardiec or reap		Approximata Interval Batween Onset and Death				
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	RRQNI	PNEUMON			1 week				
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to deet	h but not resulting i	in tha undarlying csuaa given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN										
B	2 Accident Investigation 26s PLACE OF INLIERY At home farm street factory office 26t LOCATION (Street and Number of Rural Route Number									
COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my k 2 MEDI AL EAMINER: On the beats of examin	nowledge, death occurre		us to the cause(e) end ma	nner ee stated.	se(a) and menner as stated.				
O BE	29b. SIGNATURE AND TITLE OF CENTIFIER 20 NAME AND ADDRESS OF PERSON WHO COMPLETENCIALISE OF	MD.	D D 9	7 6 1.	≥ 7	NED (Month, Day, Year)				

OLL

Julia Davidson Pandall

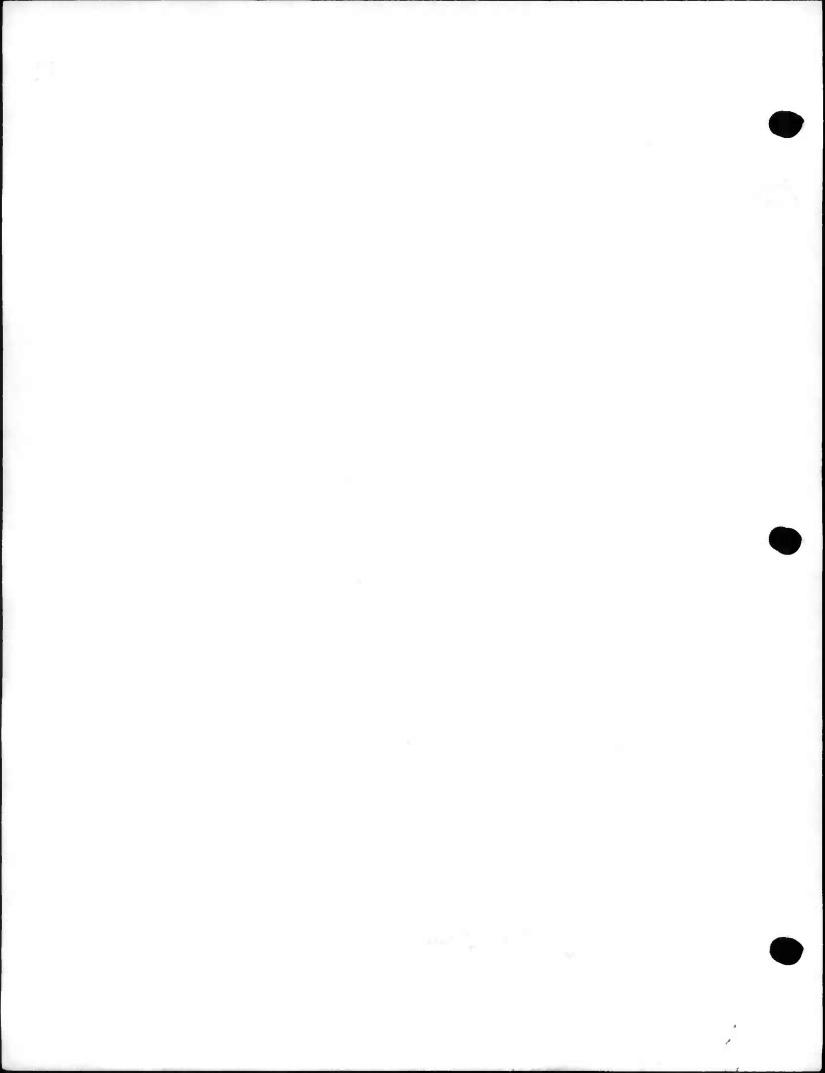
UL 24 1990

BALTIMORE, MD.

DHMH-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF I			ICATE				REG. NO.	Ė			
	1. DECEDENT'S NAME (First, Middle, Las	t)							2. DATE OF DEATH 7	23/9	YEAR :	TIME OF DEATH	
		KENNE	TH J.	DOLI	INGE	3			7 73		10	925 11 m	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1		IF UNDER 24		7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNP! Country)	LACE (State or Foreign	
	219-12-9918	1X M 2 🗆 F	65	YAS.		- I	MAY 29,1925 MA					LAND	
_	9e. FACILITY NAME (If not institution, give				9b. CITY,	OF DEAT	ГМ	9c. COUNTY OF DEATH					
0	ST. AGNES HOSPIT	TAL			BA	ALTIM	IORE						
EC	toe. STATE 10b. COUN	NTY		10c. CIT	Y, TOWN OF	R LOCATIO	N				IOd. INSIDE CITY		
DIRECTOR	MARYLAND B	BALTIMORE		CATONSVILLE						LIMITS?			
	10e. STREET AND NUMBER			10f. ZIP CODE					10g. CITIZEN OF WI			IAT COUNTRY?	
EB	406 WRENLEIGH D	RIVE					2122	.8	U.S.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. ARM XXYES 2 N WAR OR DATES		13. WAS DECENDENT OF NISPANI If yes, specify Cuban, Mexicen 1 YES 2 NO Specify:					or No-	14. RACE - Black, Specify	- American Indian, White, etc. WHITE	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1 2		+) (Gh	CEDENT'S THE RING OF THE PERSON NOT	USUAL OCC work done du se retired.)	CUPATION uring most	of working		166. KIND OF BUS		DUSTRY		
8	17. FATHER'S NAME (First, Middle, Last)					1	18. MOTHE	R'S NAME	E (First, Middle, Maiden	Sumame)			
BE C	JOHN HENRY DOLL	INGER					ELSI	E G	ILLISS				
10 8	19a. INFORMANT'S NAME (Type/Print)								ute Number, City or Tow				
-	ALDONA DOLLINGE		$\overline{}$:				TONSVILLE				
	20s, METNOD OF DISPOSITION 1) ABuriel 2 Cremetion 3 Re	amoval trom State	20b. PLACE Cother pla LORRA	rce)							City or Tow		
	4 ☐ Donation 8 ☐ Other (Specify) — 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	LUKKA	TIVE		OEPTE			WOODLAWN, MARYLAND				
	► Wurrell Ca	ai Wit	LA									RAL HOMES , MD.21228	
	23. PART I. Enter the diseases, or shock, or heart fellur	or complications the	et quised the decuse on each line.	sth. Do	not enter t	the mode	of dyln	g, such	se cerdiac or respi	retory e	rrest,	Approximsta Interval Between	
	shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A. Reprint for Failure. Due to (or as a consequence of): Chan; C. Obstantive Rulmons, Divisional Divisional Consequence of the Rulmons, Divisional Consequence of the Rulmons of												
		DUE TO	OR AS A CONSES	UENCE C	OF):		P	1.	200				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	OUENCE C	OF):	10-6		777	NA DIA		-		
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	C.											
E	that initiated events	DUE TO	(OR AS A CONSEC	OUENCE C	OF):								
ER	resulting in death) LAST	_ d											
	PART II. Other aignificant condit	ions contributing to	daath but not re	esulting	in the un	dariying	csuse gl	ven in P	art I. 24a. WAS AN			WERE AUTOPSY FINDINGS	
OICAL	Dinkets mil		Julin	0	yan	lut	-		PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MED	Heart Fail	ure.			U							1 YES 2 NO	
ä													
PHYSICIAN: MEL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			OTHER		CE OF OE	ATH (Chec	ck only one)				
YSI	1 - YES 2 1-110	1 Inpatient 2	☐ ER/Outpatient 3	DOA	4 Nurs		5 🗆 Res	idence 8	Other (Specify)				
ВУ РН	27. MANNER OF OEATH 1 Netural 8 Pending 2 Accident Investigation		F INJURY Day, Year)	28b. Til	ME OF IJURY M	28c. INJUI WORI 1 YE		- 1	28d. OEŞCRIBE HOW	INJURY O	CCUREO		
	3 Suicide 8 Could not	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) City or Town. State)										oute Number,	
3 Suicide S Could not be determined building, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, data and place, and due to the cause(e) and more as stated.							and manner og stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIF	Tkairn	K Mi)			29c. LICEN	349.	57	•	2/2	(Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAN	USE OF DEATH (ITE	M 27) (Typ	ne, Print)	mu	real	th	De Bre	4~>)		
	JUL 2 ± 1990	July Davids	AR'S CHATTER						-				



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MARYLAND 21203-3146	interest and a proper Commercial has continued by the broadful or addentified at the city
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	1	1
BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. From 1. 20 miles in the character death with the Character for a facility and Mental Horigon prior to burial premation or manual.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ar after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the clear united in the clear of Health and Merical Honland Princial remarking or removal	De mod writing is from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
			E	RTIFICATE	O	F DEAT	TH		REG. NO).

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	Λ				2. DATE OF DEATH	NAME OF THE PARTY	3. TIME OF DEATH
Howard N	Dellon				MONTH 7	18 g	AR 420 AM
4. SOCIAL SECURITY NUMBER 051 - 16 - 1128	5. SEX 8. AGE (I		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	30	BIRTHPLACE (State or Foreign New York
9a. FACILITY NAME (If not Institution, give st HOLY CYOSS HOS)	reet and number)	98	Silver	Sound	EATH	9c. COUNTY	OF DEATH WOMEN
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		40. 0777 7	OWN OR LOCATI				I as a major arms
MAryland MCY	Hoomery	1 1	ver 5	pring			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
15310 Pine Or	ch ard Drive		107.	20906	0	1.5	of what country?
11, MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO		cify Culthn, Maxice	NIC ORIGIN? (Specify You, Puerto Ricen, etc.)	ea or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 6	CATION completed) College (1-5 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re Economi.	done during mos tired.)	N t of working		JSINESS/INDUST	
17. FATHER'S NAME (First, Middle, Last)							
Alexander Dellon					ME (First, Middle, Maide	n ourneme)	
19a, INFORMANT'S NAME (Type/Print)		105 57511 1010 10	DDECC (Chart	Dorothy		Danie W. C.	40
James R. Dellon					Route Number, City or To		
	I gas	PLACE OF DISPOSITE			Bethesd		
209. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remote 4 Donatton 8 Other (Specify)	M	other place) ount Lebai	non Cem	etery	Ade	ocation – chy lphi. N	faryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2		ADDRESS OF FA		EMODIAI	FUNERAL HOME
· Wonald	. m. X	tuen	232 CA	DDOLL CI	REET N.W	LIVEL	INGTON D.C.
iMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a	CONSEQUENCE OF):	repal	Julur			Interval Between Onset and Death Me with Syuns
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	, cccom	3			
PART II. Other algoriticent condition	s contributing to death b	ut not resulting in t	the underlying	cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	The second second		26. PL	ACE OF DEATH (Ch	eck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Pinpetient 2 ER/Outp	atient 3 DOA 4	THER:		8 Other (Specify)		
27. MANNER OF DEATH 1 Partural 8 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	IRY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 6 Could not be detarmined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre			281. LOCATION (Stree City or Town, Stat		Rural Route Number,
one)	CIAN: To the best of my knowless. R: On the basic of examination						euso(e) end manner as stated.
29b. SIGNATURE AND TITLE DE CENTIFIES	Rosen D			29c. LICENSE NU	DO400	29d. DATE SI	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE		si (se	Cori	ng Mi		
31. DATE FILED (Morith, Den Year)	he Davidson-Man	412	- 1 100		1, /55		

THE PARTY CANDED MINELS INVESTOR NAMED AND ASSESSMENT OF THE PARTY OF

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	AND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	he hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, He medical examiner must be notified at once.	once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERT	IFICA	TE OF	DEATH	R	EG. NO.			
ţ	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH		.12	3. TIME OF DEATH
•	COLES B. DAWSON						JULY	21,	`1990	/EAR	10:491. m
		5. SEX 6. A	AGE (In yrs. lest birtho	lay) IF UNI	DER 1 YEAR	IF UNDER 24 HRS,	7 DATE OF S	HOTH		BIRTHP	LACE (State or Foreign
	215-20-7928 215-20-7928	1 XM 2 □ F	64 YR	S. MONTH	B DAYS	HOURS MIN.	JULY	17,1	926	VIR	GINIA
	9e. FACILITY NAME (If not institution, give s					R LOCATION OF DE	ATH		9c. COUNTY	Y OF DE	ATH
5	JOHNS HOPKINS H	OSPITAL			BALTI	MORE				-	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v	100	CITY TOW	N OR LOCAT	1041					IOJ INIČIDE CITY
DIRECTOR	MARYLAND _		100.		IMORE						IOd. INSIDE CITY LIMITS? LXXYES 2 \(\square\) NO
	10e. STREET AND NUMBER	-			101.	ZIP CODE			10g. CITIZE		IAT COUNTRY?
ERA	4102 ERDMAN AV	Έ.				21213			71 00	S.	
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	1		ENDENT OF HISPAN			or No- 14	RACE -	- American Indian, White, etc.
BY FUNERAL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? TYPY	OR DATES			KINO Specify		n, arc.)		Specify	
- 1	15. DECEDENT'S EDU	CATION	16e. DECEDER	NT'S USUAL	OCCUPATIO	N-	16b. KIN	ID OF BUS	SINESS/INDUS	STRY	
u l	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do No	OT use retire		st of working					
COMPLETED	NA	NA	ME	CHANI	С		0	IL C	OMPAN	Y	
	17. FATHER'S NAME (First, Middle, Last) McLarin C.	Dawson				JANIE C					
BE	19e. INFORMANT'S NAME (Type/Print)	Dawbon	10h MAII	ING ADDR	Egg /Stmat a	nd Number or Rural i				orie)	
일	RUTH A. DAWSON	(WIFE)				VE., BAL				000)	
ı	20a. METHOD OF DISPOSITION		20b. PLACE OF DIS	SPOSITION	(Name of cen	netery, crematory or		20c. LO	CATION — CI	ty or Tow	n, State
	1 Buriel 2 Cremetion 3 X Rem 4 Donetion 5 Other (Specify)	noval from State	PROVIDI	ENCE	BAPTI	ST CHURC	Н	RA	INSWO	OD,	VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Λ		22 CAME A	UNEK FUN	ERAT. H				
	1 Eigne	1 Cast	ne /			BREHMS L			-		13
	23. PART I. Enter the diseasea, qu		used the death.	Do not an	ter the mo	de of dulpo aug	h as cardiac	or read	roton, orro	-0	Approximate
						de of dying, suc	11 40 0014160		ratory arree	sε,	
		List only one cause		,		de or dying, suc	11 40 041 4160		ratory arree	вŧ,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	11.	on each line.	Λ,		and or dying, sac	ar c	6	atory arres	st,	Interval Between
	IMMEDIATE CAUSE (Final	11.		Λ,	1	me of dying, suc	arc	h	andry arres		Interval Between
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR	O COLO	CE OF):	4	J.	and	h			Interval Between
ALION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR	on each line.	CE OF):	4	J.	ar c	h	iadily arrea		Interval Between
-ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (OR DUE TO (OR	AS A CONSEQUENCE	CE OF):	4	J.	Co	h	Since the same of		Interval Between
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR DUE TO (OR	O COLO	CE OF):	4	J.	ar o	h	Son		Interval Between
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. DUE TO (OR DUE TO (OR	AS A CONSEQUENCE	CE OF):	4	J.	an o	20	Since the same of		Interval Between
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE	DE OF): DE OF):	4	J.	ar o	Q a. WAS AN	AUTOPSY	24b.	Interval Between Onset and Death 3 % WERE AUTOPSY FINDINGS
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE	DE OF): DE OF):	4	J.	Part 1. 24	h	AUTOPSY IMED?	24b.	Interval Between Onset and Death
DICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE	DE OF): DE OF):	4	J.	Part 1. 24	a. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE	DE OF): DE OF):	4	J.	Part 1. 24	a. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. DUE TO (OR DUE TO (OR DUE TO (OR d. DUE TO (OR d. HOSPITAL: 1 Inpatient 2 ER	AS A CONSEQUENCE	CE OF): CE OF): CE OF): CE OF):	undarlying 26. PI TER: Nursing Hom	g cause given in	Part I. 24:	a. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a. DUE TO (OR DUE TO (OR DUE TO (OR d. HOSPITAL:	AS A CONSEQUENCE AS A C	DE OF): DE OF): DE OF): OTHER	underlying 26. PL 1ER: Nursing Hom 28c. INJ	ace of Death (Ch	Part I. 24:	a. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A C	DE OF): CE OF): CE OF): Time OF INJURY N	26. PLI HER: Nursing Hom 28c. INJ 1 1 1	g cause given in ACE OF DEATH (Ch	Part I. 24. 1 1 eck only one) 6 Other (S) 28d. DESCRI	a. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 6 Pending	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE AS A CONSEQU	DE OF): CE OF): CE OF): Time OF INJURY N	26. PLI HER: Nursing Hom 28c. INJ 1 1 1	g cause given in ACE OF DEATH (Ch	Part I. 24: 1 1 26: DESCRI	a. WAS AN PERFOR	AUTOPSY IMED? NO NJURY OCCU	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined	a. DUE TO (OR DU	AS A CONSEQUENCE AS A C	DE OF): DE OF)	26. PL LER: Nursing Hom 28c. INJ Lack Total Control Control Lack Total	g cause given in ACE OF DEATH (Che 5 Residence URY AT RK? YES 2 NO	Part I. 24- 1 1 24- 1 1 25- 26d. DESCRI 26d. LOCATIC City or R	a. WAS AN PERFOR	AUTOPSY IMED? I NO NJURY OCCU	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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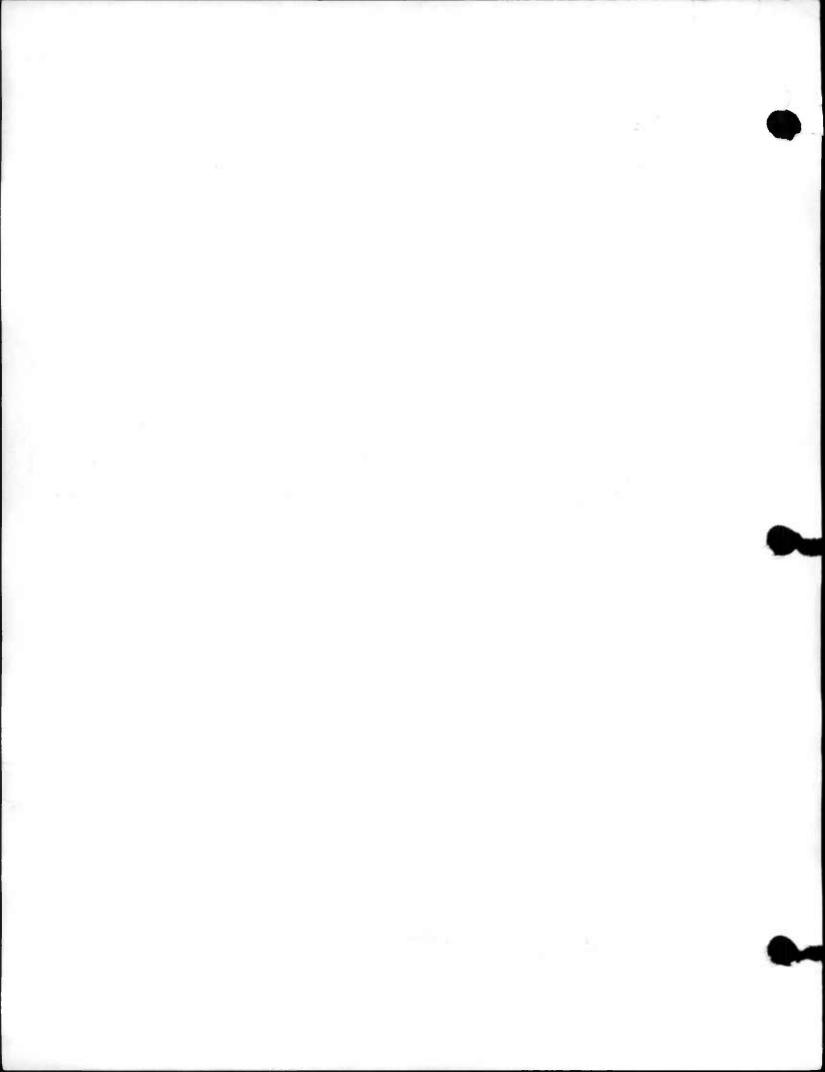
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIM	
	E OF DEATH
):45AM M
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE MONTHS DAYS HOURS MIN. (Month, Day, Year) OCCUPITY)	(State or Foreign
	LAND
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	
3517 Woodstock Avenue Baltimore City	-
RESIDENCE OF DECEDENT	NSIDE CITY
MARYIAND RAITTMORE	IMITS? YES 2 NO
106. STREET AND NUMBER 3517 WOODSTOCK AVE. 107. ZIP CODE 21213 U. S. A	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify: Specify: White, Specify: WHIT)	ı, atc.
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)	
Elementary/Secondary (0-12) NA NA SALESMAN SHOE STORE	
17. FATHER'S NAME (First, Middle, Last) DOMINIC DIANGELO SR. 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANGELINE SCARDIGLI	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
ANGELINE DIANGELO (MOTHER) 3517 WOODSTOCK AVE. BALTO., MD. 21	
20a, METHOD OF DISPOSITION 20c. LOCATION — City or Town, Start 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) MOST HOLY REDEEMER 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) MOST HOLY REDEEMER 20c. LOCATION — City or Town, Start BALTIMORE, MD	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 32. NAME AND ADDRESS OF FACILITY RAL HOMES, INC.	
3331 BREHMS LANE, BALTO., MD.	21213
	Approximate
	Interval Between Onset and Death
disease or condition	
Resulting in death) — a CORONARY ARTERY DISEASE	
resulting in death) a. CORONARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF):	
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):	
DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	
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DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	ABLE PRIOR TO LLETION OF CAUSE EATH? YES 2 \(\sum \) NO
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DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? ANALYZING S. 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inpstiant 2 EN/Outpstiant 3 DOA 4 Nursing Home \$ \infty	ABLE PRIOR TO LATERON OF CAUSE EATH? YES 2 NO fumber, menner as stated. h, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

to	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OINIE OI	WALL LA	CERTIF					NENTAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Jean		н.		DO				2. OATE O		2, 1	.990	3. TIME OF DE	EATH D M
	4. SOCIAL SECURITY NUMBER 213-01-4409	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER		HOURS	24 HRS. MIN.	7. DATE Of			8. BIRTH	IPLACE (State or	[: m
OR	90. FACILITY NAME (If not institution, give Franklin Squar		tal								9c. COI	Baltimore County		
DIRECTOR	nesidence of decedent 100. STATE 100. COUNT Maryland Bal	r timore		10c. CITY, TOWN OR LOCATION						1.2				ITY XNO
FUNERAL	10. STREET AND NUMBER 2 Parham Circle,	Apt. 1C F	Ross F										of what country? I States	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDED FORCES? IF YES, GIVE			I3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify NO If yes, specify Cuban, Mexican, Puerto Rican, atc. 1 VES 2X MO Specify:									
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) F 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use reliefed.) HOUSEWIFE HOUSEWIFE							fe						
BE COM	JOHN Laskiewicz						J	osep	hine	ddle, Maiden Zaslo	nka			
10	Walter A. Doda 2 Parham Circle, Apt.1C Ross Ridge Apts./2									./2123	7			
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or other place) HOLY ROSARY Cemetery Baltimore											yland		
	21. SIGNATURE OF FUNERAL BERVICE L	tha.	Dac	vell	o L	i11		Zei.	ler,				al Hom ,MD 21	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):												Imate i Between and Death	
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):													
	PART ii. Other significent condition	d	a deeth hu	t not moulting	in the u	nderhie		ahen in	Dart I	24a, WAS AN	4 AUTODO	/ 1241	b. WERE AUTOPS	V ENDINGS
PHYSICIAN: MEDICAL	Severe Anemi							givenin		PERFO	RMED?		MAILABLE PRI COMPLETION (OF GEATH? 1 YES 2	OR TO OF CAUSE
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110000					LACE OF	DEATH (Ch	eck only one)				
YSIC	1 WES 2 NO	HOSPITAL:			1	iraing Ho		esidence	6 Other					
ВУ РН	1 Antural 5 Pending 2 Accident investigation		Day, Year)		M	1 🗆	JURY AT ORK? YES 2 [NO		CRIBE HOW				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	of Injury - , etc. (Specif	— At home, farm,	street, fac	ctory, offi	ce			TION (Street r Town, State		per or Rural	Route Number,	
COMPLETED	299. CERTIFIER (Check only one) 1 CERTIFYING PHY one) 2 MEDICAL EXAMII												(e) end manner (as stated.
TO BE C	Barbara Lerker Horing MD. 296. LICENSE NUMBER N/A ≥96. LICENSE NUMBER N/A >7/22/											1	odr)	
_	30. NAME AND ADDRESS OF PERSON W Barbara Kerke	r-Honig	MD	9000 1		klin	Squa	are [or. I	Balto	, Md	. 21	1237	
	31. DATE FILEO (Morth, Day, Year)	22. REGISTE	MASON-	TURE . Andelle										

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SELL. BARBARA

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90-20057

34- 90. FAC CH RESIT 100. STI 11. MAR 1 □ No	DENCE OF DECEDENT	5. SEX 1 M 2 F treet and number) OSPITAL	bara 6. AGE (In ye	Henri rs. lest birthde YRS	(y) IF UNDE	Dese		R 24 HRS.	7. DATE OF (Month, D			8. BIRTH	PLACE (State or Foreign
34- 90. FAC CH RESIT 100. STI 11. MAR 1 □ No	5673 CHURCH HO CHURCH HO CHURCH HO CHURCE OF DECEDENT NTE 10b. COUNTY MD	1 M 2 F treet and number)			MONTHS		_	_				8. BIRTH Countr	PLACE (State or Foreign
9e. FACE RCH RESIL 10a. ST/	CHURCH HO DENCE OF DECEDENT THE TOP TO THE TOP THE TO	treet and number)	73	YRS				merra.					
RCH RESID 10a. STO	CHURCH HODENCE OF DECEDENT MD 10b. COUNTY	OSPITAL			_					29 1	6		yland
10a. ST/ 10a. ST/ 10a. ST/ 11. MAR 1 \(\) No	MD DECEMENT 106. COUNTY		CH CHURCH HOSPITAL						9b. CITY, TOWN OR LOCATION OF DEATH 9c. COU				
10e. ST/	MD 10b. COUNTY	,				BALTIMORE Balto.					City		
10e. STI	MD												10d. INSIDE CITY
11. MAR 1 No				100	CITY, TOWN		MORE	,					LIMITS?
11. MAR 1 No	HEET AND NUMBER				DA								1 X YES 2 NO
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1 🗆 N	2 N MILTO							21224					
9	ITAL STATUS over Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	2 NO	13	If yes, sp	ecify Cub	en, Mexicar	n, Puerto Rica	Specify Yee in, etc.)	or No—	Black	— American Indian, c, White, etc.
3 🔀 Wildowed 4 🗌 Divorced IF YES, GIVE WAR OR DATES 1 🗆 YES 2 🔀 NO Specify:									c			Speci	w. White
-	15. DECEDENT'S EDU	CATION	1 10	DECEDEN	T'e HeHAL	OCCUPATION TO	ON		185 VI	ND OF BUS	INCOC/INDI	LICTOV	
-	(Specify only highest grade	completed)		(Give kind	CEDENT'S USUAL OCCUPATION ive kind of work done during most of working Do NOT use retired.)				160. 1	ND OF BUS	INESS/INU	USINT	
	nentary/Secondary (0-12)	College (1-4 or 5	4		usework				7.4. 77			_0.0	
6		nouse	18. MOTHER'S NAME (First, Middle, Maiden						At Home				
-	John George V	Lan		Margaret Brower IG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	FORMANT'S NAME (Type/Print)												
	Edward G. Borowski 1224 Anglesea Street, Baltimore, Md. 2122												
	THOD OF DISPOSITION	oval from State	oti	her place)				matory or		20c. LOC	CATION — C	City or To	wn, State
	enation 5 Other (Specify)		- Pa:	rkwoo						Par	kvil	le,	Md.
21. SIGI	NATURE OF FUNERAL SERVICE LIC	CENSEE			22	. NAME A	ND ADDR	ESS OF FA	CILITY 90)1 S.	Conk	lin	g St.
	•					Chā	rles	S.	Zeiler	. & S	on In	nc.	
cause CAUS that is	Sequentielly list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
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PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 UPS 3 NO									MERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
25 MM	CASE REFERRED TO MEDICAL	ı				20 0	I ACE OF	DEATH (Ch	eck only one)				
EX	AMINER?	HOSPITAL:			ОТН	ER:		•					
	YES 2 NO	18 Inpatient 2			TIME OF	_	THE 5 □ F	Realdenca	8 Other (S		N HIBY OCC	Y IDED	
	Netural 5 Pending		Day, Year)	200.	INJURY	W	ORK?		28d. DEŞCI	NIDE NOW I	NJUNT OCC	JUNED	
	Accident Investigation	28e. PLACE (E IN HIEV	At home for					204 LOCAT	ION (Steed)	and Mumbas	ne Drumi	Route Number,
	Suicide 8 Could not be determined		atc. (Specify)		m, street, n	ctory, orn				Town, State)		Or Murer	nouse reamosi,
	CERTIFYING PHYS			E - TELE						200			e) and menner as stated
3 Suicide 4 Homicide 5 Could not be determined Suilding, stc. (Specify) 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Monity)									(Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type Print)									22/80				
30. NAI	ME AND ADDRESS OF PERSON WI	T	OO MI		Type, Print)	HOS	PITA	ML	1	ni h		/ i	It m

HOSPITAL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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NG PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending phy	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buil	State	te
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BALTIMORE, MARYLAND 21203-3146

	7-24-90 cm					9	U	2003	58			
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND I	MENTAL HYG							
	1. DECEDENT'S NAME (First, Middle, Lest) MAURICE	E. DILL			2. DATE OF DEAT	DAY IQ X	3. T	ME OF DEATH	#M			
	4. SOCIAL SECURITY NUMBER 219-52-6435	5. SEX 6. AGE (In yrs. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTI (Month, Day, Yo	148	BALI	E (State of For	ch			
TOR	99. FACILITY NAME (If not institution, give a UNION MEMORI. RESIDENCE OF DECEMENT			Y, TOWN OR LOCATION OF DE LITIMORE	Ty	9c. COUNTY	OF DEATN					
DIRECTOR	100. STATE 100. COUNTY	Y	10c. CITY TOWN	OR LOCATION	V			INSIDE CITY LIMITS? VES 2 1	NO			
FUNERAL	2604 N. CA	Ivert St		21218		10g. CITIZEN	OF WHAT					
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13.	WAS DECENDENT OF NISPAR If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	n, Puerto Rican, etc		RACE - A Black, Whi	merican Indiente, etc.	Λ,			
0	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	ICATION 16a. 16a. Completed) College (1-4 or 5+)	DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND O	F BUSINESS/INDUS	TRY	-				
COMPLETE	17. FATHER'S NAME (First, Middle, Last)		Lawye	18. MOTHER'S NA	ME (First, Michille, M	ny COR	DE	Ngi				
TO BE	Su. INFORMANT'S NAME (7)pm/Prost)	in colored	196. MAILING ADDRES	5 (Street and Number or Runs)	Noute Number, City of	V Bown, State, Zip Co	n)	911				
	20s, METHOD OF DISPOSITION 1 G Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State 20b. PLA	CE OF DISPOSITION L	Then Ho	rcie ()	Wings T	DI IIS	m	1			
	21. SIGNATURE OF FUNERAL SERVICE LIN	L. Russ	22	NAME AND ADDRESS OF THE	1155 F	ve BA	16	Hon	211			
	23. PARY I. Enter the diseases, pr shock, pr heert failure. IMMEDIATE CAUSE (Finel	complications that caused the List only one cause on each i	desth. Do not ente line.	r the mode of dying, suc	h ee cardiec pr	respiratory arres	t,	Approxima interval Be Onset and	etween			
	disease or condition resulting in death)	a. COPD /A:	STHMA ISEOUENCE OF):									
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CON	ISEOUENCE OF):				- 					
	PART II. Other significent condition		ot resulting in the u	enderlying ceuse given in	PI	AS AN AUTOPSY ERFORMED?	AVA	RE AUTOPSY FII	то			
: MED		STAL NEUKIN	5		_ ' ' '	ES 2 NO		DEATH?	40			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatien	OTHE	28. PLACE OF DEATN (Cr		W)		6				
ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending Investigation Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE	NOW INJURY OCCU	RED					
	3 Suicide 6 Could not be 4 Nomicide dstermined	28e. PLACE OF INJURY — A building, etc. (Specify)	it home, farm, atreet, fe	ctory, office	26t. LOCATION (City or Yown,	Street and Number or State)	Rural Route	Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(s) end menner ee stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE SHAPPY M.	Dohmerei, a	RETIDENT	29c. LICENSE NU	MBER	29d. DATE 5	19 9	nth, Day, Year)				
_	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)					· · · · · · · · · · · · · · · · · · ·				

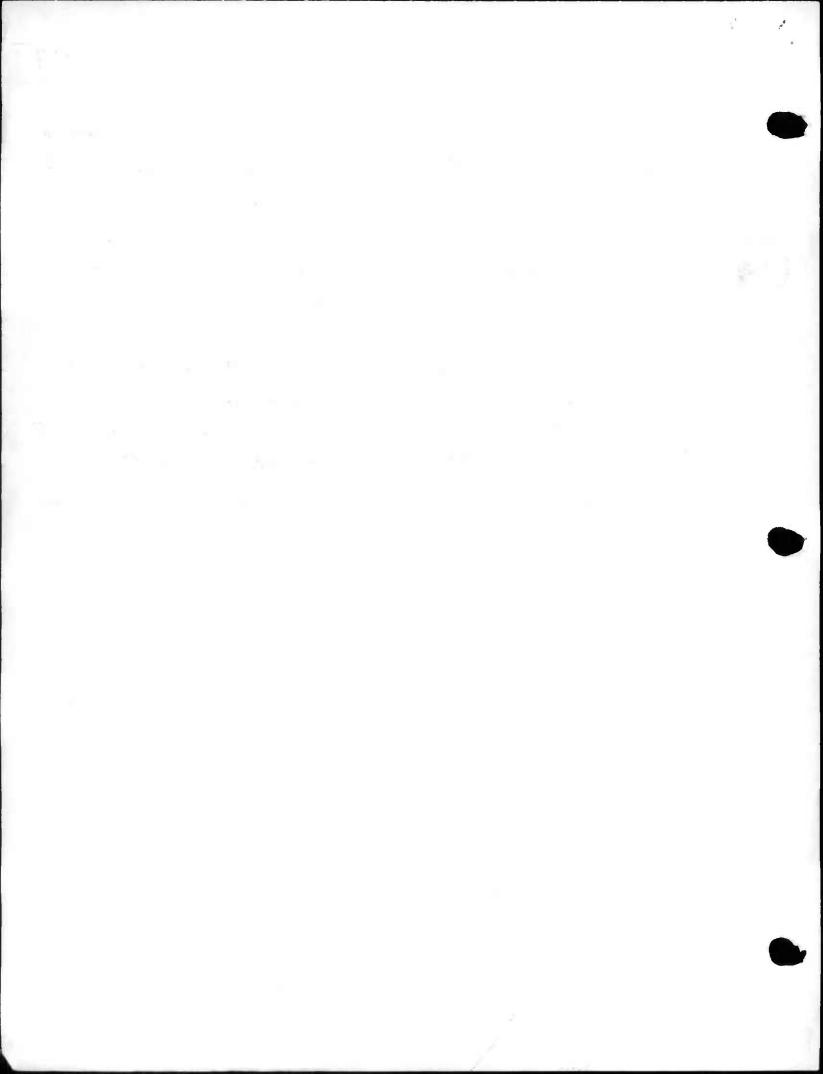
UNION

MEMORIAL HOSPITAL

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GREGORY

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DHMH-16 Rev 1/89

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detache ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 curs after death. Page 6 may be retained by the hosp

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MEN	ITAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) JAMES	James Edwa	ard Eckar	ď				DATE OF DEATH	91	AR D	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-05-3677		(In yrs. lest birthday)	MONTHS D	-	HOURS MIN.	(ATE OF BIRTH Month, Day, Year)	(Country)	Sylvania
E	9a. FACILITY NAME (If not institution, give a Saint Agnes Hos	street and number)			CITY, TOWN OR LOCATION OF DEATH Sc. COUNT Baltimore City						
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		1		OWN OR LOCATION						
DIRECTOR	Maryland Anne	Arundel Co.		nthicu	chicum					1 [I INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER FAIRMOUT				101. ZIP COOE 10g. CITIZ					OF WHAT	COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 XXNO IF YES, GIVE WAR OR DATES				If yes, specify Cuben, Maxican, Puerto Rican, stc.) Black, Wh					American Indian, hita, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	UCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done duri se retired.)	ing most	N t of working		16b. KIND OF BUS			÷00
불	8th 17. FATHER'S NAME (First, Middle, Last)		Treciled	1 OT EII	1	18 MOTHER'S I	IAME (General		Ctor	ies
BE CO	John Emory	Eckard				Nelli	е	E. Mal	one E	ckar	d
10	198. INFORMANT'S NAME (Type/Print) Mrs. Hazel El	izabeth Ecka	196. MAILING 17d 568	Fairn	non-t	Road,	Li	Number, City or Town	Md .	2109	0
	20e, METHOD OF DISPOSITION 1	noval from State	ob. PLACE OF DISPO Cedar H	ill Ce	emet	tery		Bal	timore		sum ryland
	21. SIGNATURE OF FUNERAL SERVICE LI	Kevin	E. Ecke	McC	u11	y Fune Patap	ral	Home of	Brook	lyn Md.	21225
	IMMEDIATE CAUSE (Fine)	. List only one cause on	eech line.		e mod	le of dying, et	ich es	cerdlec or reepi	ratory errest	,	Approximate interval Between Onset and Death
	disease or condition resulting in death)		AL FAIL								2days.
NO	Sequentially list conditions, Due to (or as a consequence of):									4days	
CERTIFICATION	If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								4dayi		
ERT	resulting in deeth) LAST	d									
CAL	PART il. Other significant conditio	ns contributing to death	but not resulting	in the unde	erlying	ceuse given	in Part	i. 24a. WAS AN PERFOR 1 TYES 2	MED?	AW	THE AUTOPSY PINOINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDI							_			1 [YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PL/	ACE OF DEATH (Check o	nly one)			
IXSI	1 YES 2 NO	1 Inpatient 2 ER/Ou		4 🗆 Nursin	g Home 8c. INJU	5 Residence		Other (Specify)	N HIRW OCCUR	150	
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)) IN	M	1 V	RK? ES 2 NO	200	1. DESCRIBE NOW I	NJORY OCCOR		
	3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJUI building, etc. (Sr		streel, fectory	y, offica		261	. LOCATION (Street I City or Town, State)	and Number or	Rural Routi	e Number,
COMPLETED	(Check only	SICIAN: To the best of my known MER: On the bests of examinat	_							euse(a) an	d manner as stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIE	M.P.				29c. LICENSE N	IUMBER	1	29d. DATE S	_	orith, Day, Year) -90-
10	30. NAME AND ADDRESS OF PERSON W	100 CATON AU			W	D. 2122	9	ST AGNE	J 40	3P	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydrere prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	SINIE OI I					DEATH	VIEW I	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		-						E OF DEATH			3. TIME OF DEAT	TH TH
	LOUISE		GUY	•				Ju	y 20°	, 19	90 ^{YEAR}	11:10	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (in yrs. lesi	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTHI	PLACE (State or Fo	preign
	218-32-4670	1 🗆 M 2 🙀 F	83	YRS.	MONTHS	DAYS	HOURS MIN.	DEC	onth, Day, Year)	906	MARY	LAND	
	9a. FACILITY NAME (If not institution, give :	treet and number)	-		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						INTY OF DE	ATH	
OR	FRANKLIN SQUARE	HOSPITAL			ROS	EDA	LE			Bal.	timor	'e	
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	у		10c, CITY, TOWN OR LOCATION					104 INSID			10d. INSIDE CITY	=
H	MARYLAND BALTI				RRY H							LIMITS?	
7	10e. STREET AND NUMBER			10f. ZIP CODE						10a, CIT		HAT COUNTRY?	
RA	4715 FORGE ROAD						1128			U.S			
FUNERAL DIRECTOR	11. MARITAL STATUS		NT EVER IN U.S. ARM	IMED 13. WAS DECENDENT OF HISPANIC ORIGIN?					GIN? (Specify Yea or No.— 14. RACE — American (- American Indi	en,
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced		1 YES 2 XING WAR OR DATES						e Rican, etc.)				
ED	15. DECEDENT'S EDU		16a. DEC	EDENT'S	USUAL O	CCUPATH	ON an anothing	-1	8b. KIND OF BUS	BINESS/IN	DUSTRY		
H	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +)				se retired.)	ourny me	sl of working						
MPI		/A	HOME	MAK	ER				HOME				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			-			
BE	LOUIS CETKOVSKY								ESA BARI				
0	196. INFORMANT'S NAME (Type/Print) DOLLY STAHL (DAU	GHTER)					D COURT,					ID 21237	
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State												
	1 M Burlel 2 Cremation 3 Removal from State ZION PEVANGELICAL LUTHERAN CHURCH BALTIMORE, MARYLAND												
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. SC	HTM:	nd address of fa UNEK FUN	CILITY ERA1	HOME.	TNC			
	Eugene	1 Las	the	M	97	705	BELAIR R	OAD	, BALTI	MORE	, MAR	YLAND 2	1236
	23. PART I. Enter the diseases, or	complications th	at caused the da	th. Do	not antar	tha mo	da of dying, suc	h as c	ardiac or respi	iratory a	rreat,	Approxim	
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Muse coulded 3. The County is a second seco												
	I IMMEDIATE CAUSE (FINAL												
	DUE TO (OR AS A CONSEQUENCE OF);												
NO	Sequentially liet conditions, Protein-Calorie Malnutrision												
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate												
FIC	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):												
H	reaulting in death) LAST	4											
									1				
MEDICAL	PART II. Other algnificant conditions Renal Insuffic		o daath but not re	aulting	in the ur	ndariyin	g cause givan in	Part 1.	24s. WAS AN PERFOR		7 24b.	AWAILABLE PRIOF	TO
DIC	Primary Hypopa		diem						1 TES 2	NO K		OF DEATH?	CAUSE
ME	- 11 пату пурора	- Cilyi Oil										1 YES 2	NO
PHYSICIAN:													
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DEATH (Ch	neck only	one)				
IYS	1 TYES 2 X NO 27. MANNER OF DEATH	1 Inpetient 2	ER/Outpatient 3	28b, TII			JURY AT	T	ther (Specify) DESCRIBE HOW I	IN HIEW O	CCUPED		
	1 Natural 5 Pending		Day, Year)		JURY M	W	YES 2 NO	20u. I	DESCRIBE HOW I	INOUNT O	COUNED		
BY	2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY — At hor	me, farm,	atreet, fac			28f. L	OCATION (Street	end Numb	er or Aural F	Route Number,	
	4 Homicide 8 Could not be	building	g, etc. (Specify)					0	ity or Town, State))			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat	of my knowledge, de	ith occur	red at the	time det	a end place, and dur	to the	cause(s) and ma	Oner se st	tated.		
MP	2001		examination and/or is) end manner as	stated.
BE	I los	melie	10				N/A			•	/ -	0/90	<i>'</i>
2	0. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITEM	4 27) (Tyro	e, Print)		-			1	1	1	
/	Dr. Lapetina 90	000 Frank	klin Squa	re l	Orive	Ba	ltimore,	MD	21237		,	/	
1	31. DATE FILED (Month, Day, Year)	A REGISTE	RAR'S SIGNATURE	021									

(13) The same of

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the toops of the too principle of the tribs certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burnal be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CE	RTIF		F DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH		3. TIME OF DEATH				
	ANNA B. TAYLOR/	Gora1	ski		A		11:26 AM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs., las		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8	B. BIRTHPLACE (State or Foreign Country)				
	217200006 10 M2 XF 97	YRS.	MONTHS DAY	S HOURS MIN.	7-26-12	399	Courary)				
_1	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOV	N OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH				
OR	Mercy Hospital	Baltimore City									
ਹ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	I so cur	Y, TOWN OR LO	CATION			10d, INSIDE CITY				
DIRECTOR	Md.			re City			LIMITS?				
	10a. STREET AND NUMBER	Ба	1611110	101. ZIP CODE		10e. CITIZE	EN OF WHAT COUNTRY?				
RA	136 N. Linwood Ave.			21224		U.	C A				
N I	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AD	MED		DECENOENT OF HISPAN	IIC ORIGIN? (Specify Ye	-	4. RACE — American Indian,				
BY FUNERAL	1 ☐ Never Merried 2 ☐ Merried FORCES? 1 ☐ YES 2 1 YES GIVE WAR OR DATES IF YES, GIVE WAR OR DATES	NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify: Cauc.									
	15, OECEDENT'S EDUCATION 16a. DE	CEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDU					
ETE	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5+)	ive kind of v Do NOT us	vork done during se retired.)	most of working							
P		Hous	ewife	,	Domes	tic					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maider						
BE C	John Kwiatowski			Antoin	ette Un	k.					
TO B	The second secon				Route Number, City or Tov						
F	Leon Taylor 1	36 N	. Lin	wood Ave			Md. 21224				
	1 Ruriel 2 Cremetton 3 Removal from State Other Di	ece)		f cemetery, crematory or			ity or Town, State				
	Donation 5 □ Other (Specify) HOLY ROSARY Cem. Baltimore, Md.										
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	0			201		Baltimore St.				
	Comand Talxiely	*					e, Md. 21224				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the reach. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart feilure. List only one cause on such line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or Injury										
TIF	that initieted events OUE TO (OR AS A CONSE	OUENCE O	F):								
H	d.										
	PART II. Other significent conditions contributing to death but not	resulting	In the under	iying ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
DICAL			_		1 YES		COMPLETION OF CAUSE OF DEATH?				
WE							1 TYES 2 NO				
ä											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL:		OTHER:	6. PLACE OF DEATH (C)	neck only one)						
YSI	1 VES 2 NO 1 Impatient 2 ER/Outpatient 3	DOA		Home 5 - Reeldance							
H	27. MANNER OF OEATH 1 Netural 5 Pending 28s. OATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	JRED				
BY	2 Accident Investigation			YES 2 NO			2 (2 - 1)				
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, term,	street, factory,	Office	28f. LOCATION (Street City or Town, State		ir Hurel Houte Number,				
2	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, de	eath occun	red at the time,	date end place, and du	to the cause(e) end m	enner ee state	d.				
NO.	one) 2 MEOICAL EXAMINER: On the basic of examination end/or	Investigation	on, in my opini	on, death occured at the	time, data end place, o	ind due to the	cause(e) and manner as stated.				
	29/ SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE	SIGNEO (Month, Day, Year)				
) BE	HAR R. Dreene r	D				17	1/22/90				
5	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITE	M 27) (Type	e, Print)								
			ياً. الر								
	31. DATE FILED (Morth, Day, Year) JUL 2, 4 1990 Alia Davidson Acrost	282	1								
	1111 2 4 1990 91000000000000000000000000000000										

S. INF Last.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFICA	ATE OF	DEATH	REG. N	Э.					
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DE	ATH			
	JAMES WIEGAND GUNN					22	90 5	A M			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. $214-05-2503$ 1 1 M 2 \square F 74	leat birthday) IF I	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 18	1915	8. BIRTHPLACE (State or Country) Maryland	Foreign			
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN	OR LOCATION OF OE		9c. COUNTY OF DEATH					
TOR.	UNION MEMORIAL HOSPITAL		BALTI	MORE CITY		<u></u>					
EC	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOC	ATION			10d. INSIDE CI LIMITS?	TY			
10	Maryland	Bal		e City		Tana Citi	1 YES 2 [
FUNERAL DIRECTOR	634 St. Johns Road			21210			USA				
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 M YES 2 FORCES? 1 M YES 2 FORCES? 1 W WILD DIVORCED WILLIAM OF THE PROPERTY OF THE PR	ARMEO NO	If yes, s	CENDENT OF HISPAN specify Cuban, Mexica S 2 NO Specify	n, Puerto Rican, etc.)	es or No—	14. RACE — American in Black, Whita, etc. Specify: White	idlan,			
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USU	AL OCCUPAT	TION	16b. KIND OF B	USINESS/IND	USTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	(red.)	nost of working	Resid	lentia	1					
MO	17. FATHER'S NAME (First, Middle, Last)	Realtor		18. MOTHER'S NA	ME (First, Middle, Maid						
Ö	Clarence LeRoy Gunn			Haze	el Wiegand						
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	PRESS (Street	and Number or Rural F			Code)				
2	Barbara Gunn Hawks	16 F	Regist	er Ave. B	altimore.	Md.	21212				
		CE OF DISPOSITIO	N (Name of c	emetery, crematory or	20c. l	OCATION —	City or Town, Stata				
	1 X) Burial 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) St. Johns Episcopal Church Kingsville, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE VIDENSEE Annu F. Burnside, Jr. James F. Burnside, Jr.		M1 T	Chell-Wie	edefeld Ho	me, I	nc.				
		death Do not		O York Ro				Imete			
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. A cute My a card or Traffactory The factory arrest, Approximate interval Between Onset and Death										
	MMEDIATE CAUSE (Pleases or injury MEDIATE CAUSE (Disease or injury MEDIATE CAUSE (Disease or injury B. A CUTC MY 10 Card or Trafact or Drue To (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): Severe My 10 Card or Trafact or Drue To (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of):										
EDICAL CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSCOUENCE OF):										
CAT	if any, leading to immediate cause. Enter UNDERLYING	Meto	ubo li	- Acido	2121						
Ĕ	thet initiated events	SEQUENCE OF):									
E	resulting in death) LAST			_							
ᅙ	PART ii. Other aignificant conditions contributing to deeth but no	ot resulting in ti	ne underivi	na csuse given in	Part i. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPS	Y FINDINGS			
3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				PERF	ORMED?	AWAILABLE PRICOMPLETION O	OT PO			
	- Myper gly cem a				1 □ YES		OF DEATH?	7.00			
Σ					- pend	ing	1 - YES 2 (_ NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (Ch	eck only one)						
Sic	EXAMINER? 1 YES 2 NO 1 Nopatient 2 ER/Outpetient		THER:	ome 5 🗆 Residence	8 Cher (Specify)		_				
PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 8 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OI	28c. I	NJURY AT WORK?	28d. OESCRIBE HO	OC YRULMI V	CURED				
ED BY	2 Accident Investigation 3 Suicide e Could not be determined 26e. PLACE OF INJURY — Al building, atc. (Specify)	t home, ferm, stree			281. LOCATION (Stre City or Town, Str		r or Rural Route Number,				
9	29a. CERTIFIER										
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and							ns stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Sul T	k.	29c. LICENSE NUI	WBER	29d. DAT	TE SIGNEO (Month, Day, Ye	er)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ((ITEM 27) (Time Pri	ついへ			1	120 90				
	My Blakeslee DO Union	Mem H	050	E- Uni	V Parkway	B	eto ND				
	31. DATE FILED (Month, Day, Year) JUL 2 4 1950	riciality.	P		,						

OHMH-t6 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYG	IENE	0	20000
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA		3. 1	IME OF DEATH
1	HUGO ECKNER	GRA	T7			JULY	21 1	990	03:51 A m
	11000		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н в	BIRTHPLA	DE (State or Foreign
	216.24.2760	X м 2 □ F 60	YRS.	MONTHS DAYS	HOURS MIN.	Aug. 5,		Maryl	and
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH	
стоя	NORTH ARUNDEL HOSP	ITAL			GLEN_BURNIE ANNE ARUNDEL			NDEL	
욁	10b. COUNTY		10c. Cl	TY, TOWN OR LOCA	TION			10d	INSIDE CITY
齓	Maryland Anne	Arundel		Glen Bur	nie			10	YES 2 NO
Y	Do. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
61	102 Eastern Stree	t			21061		U	.S.A.	
FUNE	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN		13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Speci	fy Yea or No- 1		American Indian,
	1 Never Married 2 Married	FORCES? 1 AYES			pecify Cuban, Mexican S 2 NO Specify		c.)	Black, WI Specify:	White
84	3 Widowed 4 Divorced		?						WILLE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	DN pleted)	16a. DECEDENT'S	S USUAL OCCUPAT work done during in use retired.)	ON ost of working	18b. KIND O	F BUSINESS/INDU	STRY	
		ollege (1-4 or 5+)				1 1	Local #4	8	
MP		None	welder	& Plumb	_			0	
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surnems)								
8		ratz			Mary		Bremst		
6	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN		and Number or Rural F	Route Number, City	or Town, State, Zip C	Code)	
	Marion J. Gratz				as #10				
	20a, METHOD OF DISPOSITION 1 2 Burlal 2 Cremation 3 Removal	from State 20b.	other place)		emetery, crematory or		c. LOCATION — CI		
	4 Donation 5 Other (Specify)		<u> oodlaw</u>	n Cemet			Woodlawn	, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	1 1/1	/,		and address of fai Leton Fun		ne. #1 S	econd	
	Harold !) 11 m	300		ie, S.W.,				
	23. PÁRT 1. Enter the diseasea, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OVAS A	y Se	na	ode of dying, auc	n as cardiac or	respiratory arre	ец,	Approximate Interval Batween Onset and Deeth
CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS A							
	PART II. Other significant conditions of	ontributing to death b	ut not reaulting	In the underly	ng cause given in		AS AN AUTOPSY ERFORMED?		RE AUTOPSY FINDINGS MLABLE PRIOR TO
PHYSICIAN: MEDICAL							ES 2 NO	CO	MPLETION OF CAUSE DEATH?
									YES 2 NO
-									
N.	25. WAS CASE REFERRED TO MEDICAL			, 26.	PLACE OF DEATH (Ch	neck only one)			
SIC		OSPITAL:	patient 3 DOA	OTHER:	me 5 🗆 Rasidenca	a Other (Speci	(v)		
ξ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. T		JURY AT	28d. DESCRIBE	HOW INJURY OCC	URED	
BY F	1- Netural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO				
	3 Suicide a Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		, street, factory, of	Ice	28f. LOCATION (City or Town	Street and Number of Stete)	or Rural Rout	Number,
E	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the heat of my know	desired annual	ernel et the time de	to and place, and due	to the sever(s) o	nd manner on etele	4	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: C								d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	t &	Ass		29c. LICENSE NU		29d. OATE	SIGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO O	OMPLETED CAUSE OF DE	O A K LIOO	D PD #		- 1	MD 82	1061	/(
	ELLIOTT GORBATY, N 31. DATE FILED (Month, Day, Year)	1.U. 7043	UANWUUI	J ND., #	203, GLEN	DOWATE	, 110. 62	. 1001	-
- 1	1111 9 4 199n 9 4 1	Try Islands - Alms	Sanda.						

me as the burial-transit permit. Pages 1, 2, 3 should

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.															
,	1. DECEDENT'S NAME (First,	Middle, Last)										OF DEATH			3. TIME OF	DEATH
	Arthur		F.			Go	sne:	11			7 21			90	11:3	8 A. m
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (/	in yrs. les	t birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH		8. BIRTHPLACE (State or Foreig		or Foreign
	705-10-88.	58	1 💢 M 2 🗆 F	87	7	YRS.	MONTHS	DAYS	HOURA	MIN.	04	04 08 03 Country MARYLAND			.VD	
_	9e. FACILITY NAME (If not in						9b. CIT		OR LOCATI		ATH		9c. COU	NTY OF E	EATH	
DIRECTOR	Union Me		. Hospita	1			<u>L</u>	В	altim	nore						
E C	10e. STATE	10b. COUNTY	Υ			10c. CI	Y, TOWN	OR LOC	ATION		_				10d. INSIDE	СІТҮ
E	MARYLAND					BALTIMORE								LIMITS		
AL AL	10e. STREET AND NUMBER					101. ZIP CODE						10g. CIT		WHAT COUNT	RY?	
BY FUNERAL		4228	ELSA TE	RRAC	E					212	11			U	ISA	
5	11. MARITAL STATUS		12. WAS DECEDEN				13	WAS DE	CENDENT (OF HISPANI	C ORIGIN	? (Specify Yas	or No-		E — Americer k, White, atc.	
1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 YES, Specify Closen, westcan, reserve Hicken, et al. 1 YES 2 NO Specify:					, , , , , ,		Spec	WHIT	E.							
10	**	EDENT'S EDU	CATION		16a. DE	CEDENT'S	USUAL	OCCUPAT	ION		16b.	KINO OF BU	SINESS/INC	DUSTRY	WILL.	E
左	(Specify online Elementary/Secondary (I	y highest grade	College (1-4 or 6	+)	/G	ive kind of Do NOT L	work done	during n	nost of worki	ing						
4	12TH		"		CC	MPTI	ROLL	ER			I	RAILR	CAO			
COMP	17. FATHER'S NAME (First, M							18. MOT			fiddle, Meiden	,				
ARTHUR GOSNELL ALTO IMAGEN																
2	190. INFORMANT'S NAME (19							IMORE			711	
-	DOROTHY GR		1	Lank	DI AOE						DUDI					
	other place) A Donation 5 Other (Specify) NEW CATHEDRAL CEMETERY BALTIMORE, MARYLAND						LAND									
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	1	5/)	22						TTID AT	77.03	(T)	
	· a.	ale	- De	in	4	1		A.	ALAN 8 ROI	SEIT	Z, J	R. FUI	NEKAL AT.TO -	HON MI	1E). 212	11
	23. PART i. Enter the d						not ante								Appr	oximata
	snock, or n		List only one ca	use on e	sch line	B.										val Between et and Death
	disease or condition resulting in deeth)	\rightarrow	Arteriosclerotic Cardiovascular Disease													
			DUE TO	OR AS A	CONSE	QUENCE	OF):									
8	Sequentially list condit		b	OR AS A	CONSE	OUENCE (nen-									
CERTIFICATION	If any, leeding to imme cause. Enter UNDERLY	ING		(011,700,71			. ,								į	
틸	CAUSE (Disease or injute that initiated events		OUE TO	UE TO (OR AS A CONSEQUENCE OF):												
E	resulting in death) LAS	T L	d													
	PART II. Other significa	ent condition	ns contributing to	death b	ut not	rasulting	in the u	underly	ng cause	given in	Part i.	24a. WAS AN		24		PSY FINDINGS
ICAL												PERFO				N OF CAUSE
MEDI													X		OF DEATH?	
												INSPE	CTION	1		
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:						PLACE OF	DEATH (Ch	ock only on	(0)				
SIC	1 X YES 2 NO		1 Inpetient 2	(XER/Outp	patient :	3 🗆 DOA	4 🗆 N		ome 5 🗆 R	lesidence	6 🗆 Othe	r (Specify)				
표	27. MANNER OF DEATH 1 Netural 5	Pending	26a. DATE O (Month,	F INJURY Day, Year)		26b. TI	ME OF	١ ١	NJURY AT	l	28d. DES	CRIBE HOW	INJURY OC	CURED		
BY	2 Accident	Investigation	28e. PLACE	OF INJURY	_ At h	ome form	etrant fo		YES 2	NO	281, LOCATION (Street and Number or Rural Route Number,			,		
25	3 Suicide 6 4 Homicide	Could not be datarmined	building	, etc. (Spec	clfy)		oneon, in	, oi				or Town, State		or ribrar	710010 110111001	'
LET	29e. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	of my know	ledge, d	eath occu	rred at the	time, de	rte end plec	a, end due	to the cau	use(e) end ma	nner ee at	nted.	-	
COMPL	Conductionly		ER: On the basis of												(e) end manne	er ee stated.
ш	29L SINATURE AND TITL	E OF CERTIFIE	A						29c. LIC	ENSE NUN	ABER		29d. OA	TE SIGNE	O (Month, Day,	Year)
0 8		0	m							OCME	C		•	7-:	22-90	
	30 HAMBAND ADDRESS O	F PERSON WI	HO COMPLETED CAL	USE OF DE	ATH ATE	M 27) (7/4	e Printi									

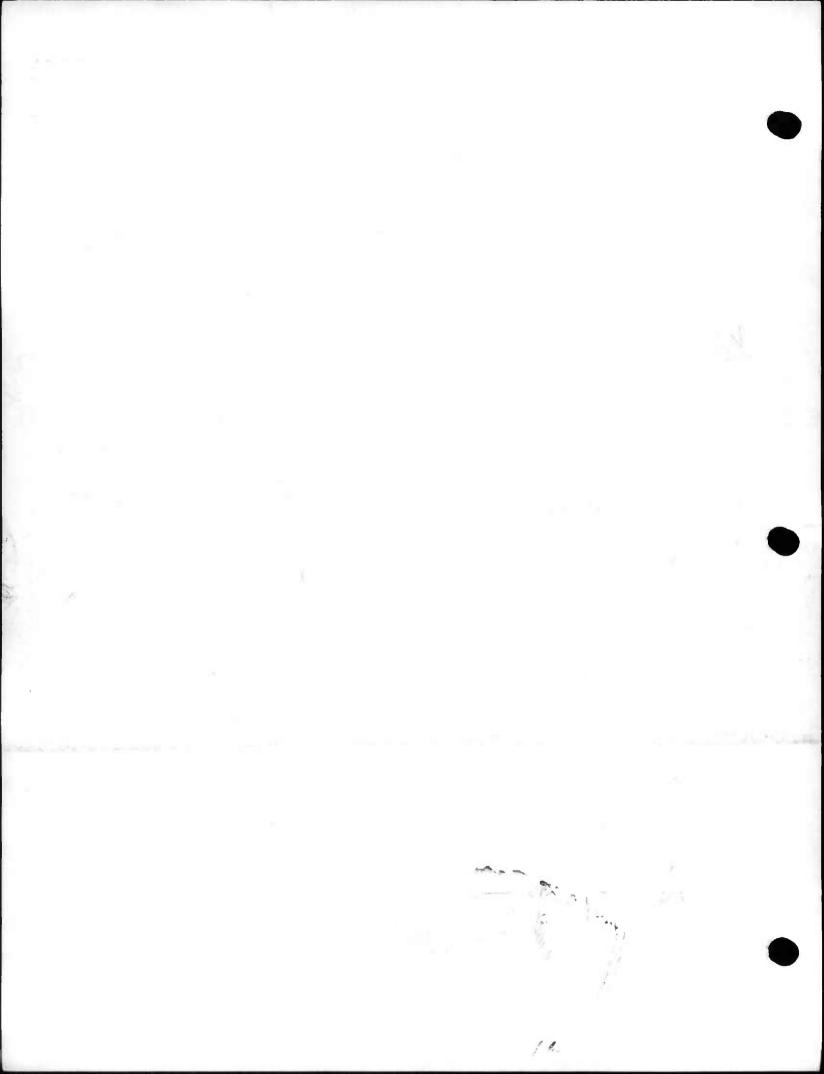
LETED CAUSE OF BEATH (ITEM 27) (Type, Print)

M.D.

Ann M.

Dixon, 1990 21201

111 Penn St., Balto., Md.



BALTIMORE, MARYLANK 1263-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ector, page 5 should be detected to the burial-transit permit. Pages 1, 2, 3 must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	Liberty Med. RESIDENCE OF DECEDEN 10e. STATE 10b. CC Md e 10e. STREET AND NUMBER 730 Ashburt 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. OECEOENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Las Alexander 19a. INFORMANT'S NAME (TyperPrint) ROXANNE Braz 39a. METHOD OF OISPOSITION 19 Burlal 2 Cremation 3
rours after death. Page 6 may be ret nd in by the funeral director, page 5 or removal. medical examiner must be no		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART L. Enter the diseases shock or heert fell
# S 2	ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST
PHYSICIAN: The law requires that the death certificate be executed within this certificate has been signed by the attending physician and completely with the State Dept. of Health and Mental Hygiene prior to burial, crematived, or item 23 shows any injury, or other traumatic event, the	PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant cond A (2 L Q i MO 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH
AL OR ATTENDING AL DIRECTOR: After 72 hours after death 11 Item 28 is ma	COMPLETED BY PH	1 Natural 5 Pending Investigat 2 Accident Investigat 3 Suicide 8 Could ned determine 29a. CERTIFER (Check only one) 2 MEDICAL EX.
TO THE HOSPIT TO THE FUNER be filed within I	O BE CO	29b. SIGNATURE AND TITLE OF CER

31. DATE FILED (Month, Day, Year)

JUL 2 4 1990

FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEALTH AND	MENTAL HYGIEN BEG. NO		
1. OECEOENT'S NAME (First, Middle, Last)		OLITII 10	AIL OF BEATT	2. DATE OF OEATH		3. TIME OF DEATH
Phillip (D. G:65	n		7 7/	AY YE	7250 M
	5. SEX 6. AGE (In yr		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
214-16-5140	1 1 2 F 8.	YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year)	,	Country)
9a. FACILITY NAME (If not institution, give stre	et end number)	98	LCITY, TOWN OR LOCATION OF O	EATH	9c. COUNTY	OF DEATH
Liberty Medica	l Center		Baltimore			
10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION		***	10d. INSIDE CITY
Md.		Ва	ltimore			LIMITS?
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
730 Ashburton	St.		21216			
	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico		or No- 14.	RACE — American Indien, Black, White, etc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2'NO Specific			Black, White, etc. Specify: Black
15. OECEOENT'S EOUCA (Specify only highest grade of		a. DECEDENT'S US	done during most of working	18b. KINO OF BU	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)			
17. FATHER'S NAME (First, Middle, Last)			10000	ME (First, Middle, Maiden	Sumame)	
Alexander Gib	son	TON MAN INC AD	ROSE W	illiams	us Photo 7/o Coo	to the same of the
Roxanne Braxto	'n			14111-1411-411-1		*
294. METHOD OF DISPOSITION			Harlem Ave. ON (Name of cemetery, cremetery or		CATION — City	
1 Burial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	val from State of	her place)	Cemeterv			
21. SIGNATURE OF FUNERAL SERVICE LICE		• 41011	22. NAME AND ADDRESS OF F	CILITY		me, Md.
1 10 Dog 1	1 library	71-778	Wainwright	Funeral	Home	
23. PARTY, Enter the diseases, or co	malications that caused th	a death. Bo not	2700 Edmond			
	ist only one cause on each		anter the mode of dying, ad-	in as calulac of resp	matory arrest	Interval Batwaan
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pulmonary	ede	ma			Onset and Daath
	DUE TO (OR AS A CO	INSEQUENCE OF):	1 (1)			
Sequentially list conditions,	Conjulive	peerg	Tarkere.			
if any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE OF):	/			
cause. Enter UNDERLYING						
CAUSE (Disease or Injury	DISE TO (OD AS A CO	MOEOUENCE OF				
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):				
that initiated events	DUE TO (OR AS A CC	ONSEQUENCE OF):				
that initiated events resulting in death) LAST	contributing to death but	not resulting in	the underlying cause given in			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
that initiated events resulting in death) LAST		not resulting in	the underlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAST	contributing to death but	not resulting in	the underlying cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
that initiated events resulting in death) LAST	contributing to death but	not resulting in	the underlying cause given in	PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions Alaborate Source So	contributing to death but	not resulting in	26. PLACE OF OEATH (C	PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PART II. Other significant conditions Ala Laiman S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	Contributing to death but Contributing to death but Contributing to death but Contributing to death but Contributing to death but	not resulting in	26. PLACE OF OEATH (C TTHER:	PERFO 1 YES heck only one) 6 Other (Specify)	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions Ala Laiman S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH	contributing to death but	not resulting in	26. PLACE OF OEATH (C PTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK?	PERFO 1 VES	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
that initiated events resulting in death) LAST PART II. Other significant conditions A (2 LOIMO 5 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Outpate 28e. DATE OF INJURY (Month, Day, Year)	not resulting in	26. PLACE OF OEATH (C PTHER: Nursing Home 5 Residence PTHER: Nursing Home 5 Residence V WORK? 1 YES 2 NO	PERFO 1 YES heck only one) 8 Other (Specify) 28d. DESCRIBE HOW	RMED? 2 INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant conditions A (2 LOIMON 5 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Hatural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outpatie	not resulting in s	26. PLACE OF OEATH (C PTHER: Nursing Home 5 Residence PTHER: Nursing Home 5 Residence V WORK? 1 YES 2 NO	PERFO 1 YES heck only one) 6 Other (Specify)	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
That Initiated events resulting in death) LAST PART II. Other significant conditions A 2 Limbs 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Watural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: Inpatient 2 = ER/Outpate 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specify)	not resulting in s	26. PLACE OF OEATH (C) PTHER: Nursing Home 5 Residence OF 26c. INJURY AT WORK? M 1 YES 2 NO ret, factory, office	PERFO 1 YES 1 YES 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28d. DESCRIBE HOW City or Town, State	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
That initiated events resulting in death) LAST PART II. Other significant conditions A 2 LOINGS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER GEDEATH 1 Watural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL: Inpatient 2 ER/Outpate 28e. DATE OF INJURY — building, etc. (Specify)	ent 3 DOA 4 28b. TIME C INJUR	26. PLACE OF OEATH (CONTINER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO net, factory, office at the time, date and place, end du	PERFO 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	injury occur and Number or i	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO ED
PART II. Other significant conditions A (2 LOIMON 5 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Investigation determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER	HOSPITAL: Inpatient 2 ER/Outpate 28e. DATE OF INJURY — building, etc. (Specify)	ent 3 DOA 4 28b. TIME C INJUR	26. PLACE OF OEATH (C) FTHER: Nursing Home 5 Residence OF WORK? M 1 YES 2 NO set, factory, office at the time, date and place, end du in my opinion, death occured at Ih	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State 1 to the cause(s) and must be ilms, date and place, a	INJURY OCCUR and Number or I	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
that Initiated events resulting in death) LAST PART II. Other significant conditions A 2 Loimon S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER GEOEATH 1 Watural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	HOSPITAL: Inpatient 2 ER/Outpate 28e. DATE OF INJURY — building, etc. (Specify)	ent 3 DOA 4 28b. TIME C INJUR	26. PLACE OF OEATH (CONTINER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO net, factory, office at the time, date and place, end du	PERFO 1 YES 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State 1 to the cause(s) and must be ilms, date and place, a	INJURY OCCUR and Number or I	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO ED

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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zminours after death	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	ed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
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n. Page 6 may be retained by the hospital or attending physician.
sral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xmours after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

i i	1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 7 20 90 300 A M								
ĺ	Margaret		Howard			7 20	300A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	7	THPLACE (State or Foreign	
	167-10-8501	1 - M 2 X F	82 YRS.	NTHS DAY	B HOURS MIN.	07-27-0	_ 0	msy luepia	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT MUNSING + Rehab Center Columbia, Maryland Howard								
<u> </u>	10a. STATE 10b. COUNTY	Y	10c, CITY, T	OWN OR LO	CATION			10d. INSIDE CITY	
8	Mary land BALTIN	MORE CITY		BALTI	MODE CI	TV		LIMITS? 1 X YES 2 NO	
	10e. STREET AND NUMBER		Y	מאכוד	101. ZIP CODE	-	10g. CITIZEN OF	WHAT COUNTRY?	
8	2723 MARBOURINE	AVENUE			21230		US	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,	
	1 Never Married alarried	FORCES? 1 YI			specify Cuban, Mexica (ES 2 NO Specify		200	eck, White, etc.	
8	3) Widowed 4 Divorced			WHI					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work			16b, KIND OF BUS	SINESS/INDUSTRY		
<u>—</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use n	stired.)					
P.	12 th grade	none	HOMEMA	KEK		DOMES	STIC		
Ö	17. FATHER'S NAME (First, Middle, Lest) JAMES	MC CLEAN				ME (First, Middle, Maiden			
BE C	JAMES	MC CLEAN			BESSIE	(CC	DURTNEY)	
TO B	190. INFORMANT'S NAME (Type/Print) CAROL MARVENKO		196. MAILING AD	DRESS (Stre	et and Number or Rural I	Route Number, City or Tow	n, State, Zip Code)		
F	CAROL MARVENKO 4944-5 COLUMBIA RD., COLUMBIA, MARYLAND 21044								
	20a. METHOD OF DISPOSITION X Surfal 2 Cremetion 3 Ram	oursi from State	20b. PLACE OF DISPOSITI	ON (Name of			CATION — City or	Town, State	
	4 Donetion 5 Other (Specify)		CEDAR HILL	CEME	ΓERY, BAL	TIMORE, MA	ARYLAND		
i	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		M2: MM	AND ADDRESS OF FA	TE HOME OF	BBUUKI A	N	
	haus	Salla	20					, MD 21225	
	23. PART I. Enter the diseases, or	complications that car	sed the deeth. Do not	_				Approximate	
1	shock, or heart feliure.	List only one cause of	n eech line.		g, coo		,,	interval Between	
	IMMEDIATE CAUSE (Final disease or condition AGET A D A) AGE T A D A) A								
	disease or condition								
_	_	202 10 (011 2	CITAS	10	HUNGO B	horeman	k	i	
CERTIFICATION	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
¥	if sny, leading to immediate couse. Enter UNDERLYING								
프	CAUSE (Disease or Injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE OF):	U					
E	resulting in death) LAST	4							
MEDICAL	PART II. Other significant condition	as contributing to deet	th but not resulting in	the underl	ying ceuse given in	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	VIMBE	= IES M	ELLIES			1 _ YES	100	COMPLETION OF CAUSE OF DEATH?	
								1 YES 2 NO	
ä									
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			B. PLACE OF DEATH (Ch	neck only one)	100		
S	1 TES 2 THO	1 Inpatient 2 ER/O		Wursing	Home 5 🗆 Rasidenca	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED		
BY	1 Natural 8 Pending 2 Accident Investigation	7		M 1	YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY — At home, farm, stre Specify)	et, factory,	office	281. LOCATION (Street City or Town, State,		al Route Number,	
	4 Homicide datermined								
7	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my k	nowledge, death occurred	at the time,	dete and place, and due	a to the cause(a) and ma	nner as stated.		
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of examin	ation and/or investigation,	In my opinio	n, death occured at the	time, data and place, as	nd dua to the caus	e(a) and manner as stated.	
m C	29b. SIGNATURE AND TITLE OF CERTIFIE	R / 1		1	29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)	
00	(Maure	WIM	ee mil		D399	180	► F	20/90	
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED OUSE OF	F DEATH (ITEM 27) (Type, P	rint)	4		- 1		
	MAUMICE (WERETE	mp 9	650	5 porING	60 Rond	(d/UM	614 MD 21045	
	31. DATE FILED (Month, Day, Year)	REGISTRAR'S	BIGNATURE			10011-1		2	
	JUL 24 1990	guina paires	on-lighted						

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	- 2		2. DATE OF OEATH DAY	YEAR	3. TIME OF DEATN				
	EDWARD JOSEPH HO	FFMAN, SF	₹.	7/20/1990	TEAN	11:30 P M				
		E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	8. BIRTN Country	PLACE (State or Foreign				
	215-14-0288 1× × 2 □ F	69 YRS.	MONTHS DAYS HOURS MIN.	10/1/1920	Ma	aryland				
		1225	9b. CITY, TOWN OR LOCATION OF DE		COUNTY OF DI	EATN				
DIRECTOR	(Residence) 407 Arsan Ā		Baltimore City	/	N/A					
EC	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?				
<u>a</u>	Maryland N/A	Ba	altimore City	(Brooklyn).		1 X YES 2 NO				
FUNERAL	407 Arsan Avenue,		101, ZIP CODE 21225	10g. CITIZEN OF WHAT COUNTRY?						
5	11. MARITAL STATUS 12. WAS DECEDENT EVE		13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yea or N	io- 14. RACE	- American Indian,				
ВУ	1 Never Married 2 X Married FORCES? 1 X YI 3 Wildowed 4 Olivorced IF YES, GIVE WAR OF	ES 2 NO R DATES	If yes, specify Cuben, Mexical 1 YES 2X NO Specify		Specif	white, atc. White				
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION york done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY					
Ē	Elamentary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	e retired.)							
1d	12th	Retire	ed Letter Carrie	· U.S. Pos	tal Ser	~vice				
Ö	17. FATHER'S NAME (First, Middle, Last)		18, MOTHER'S NA	ME (First, Middle, Maiden Surna						
BE (William Charles Hoffma		Annie	Steinbach	Hoffn	nan				
70	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural I							
-	Mrs. Margaret E. Hoffman		7 Arsan Ave., Ba			21225				
	1 X Burial 2 Cremation 3 Removal from State	other ofece)	SITION (Name of cemetery, cremetory or	1000	ON — City or To					
	21. SIGNATURE OF PUBERAL SERVICE LICENSEE KAVIN	E. Ecker	1 Cemetery	Balti	more, r	Maryland				
	21. SICHOLD OF PARENCE FIGURES VEALUL	E. Ecker	McCully Funer	al Home of B	rooklyr	1				
	18 3 12		22. NAME AND ADDRESS OF FA MCCully Funers 237 E. Pataps	co Ave., Ba	1to., N	1d. 21225				
	23. PART I. Inner the diseases, or complications that cau					Approximata interval Between				
	IMMEDIATE CAUSE (Final					Onset and Death				
	diaase or condition resulting in death) a. Advanced Hispatocellular carcinome 5mbs.									
	OUE TO (OR AS A CONSEQUENCE OF):									
N	Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									
된 강	CAUSE (Disease or Injury C. DIE TO OD AS A CONSTRUENCE OD									
1	that initiated events resulting in death) LAST		•			<u> </u>				
E	d									
	PART II. Other aignificant conditions contributing to deat	h but not reaulting	in the underlying cause given in	Part I. 24s. WAS AN AUT PERFORMED		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
DICAL				1 TE8 2 2	NO	OF CEATH?				
ME				_		1 TYES 2 NO				
PHYSICIAN: ME										
CEA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (Ch	eck only one)						
YSI	1 YES 2 NO 1 Inpatient 2 FR/0		4 Nursing Nome 5 Residence							
표	27. MANNER OF DEATH 28a. DATE OF INJU (Month, Day, Ye.) 1 Natural 5 Pending	RY 28b. TIM	JURY WORK?	28d. DEŞCRIBE HOW INJUI	RY OCCURED					
ВУ	2 Accident Investigation	URY — Al home, farm,	M 1 YES 2 NO	201 1 201 701 701 11	W	Dord March				
ED	3 Suicide 8 Could not be building, etc. (3		street, ractory, ornice	28f. LOCATION (Street and f City or Town, State)	Number of Hural I	Houte Number,				
ET	29a. CERTIFIER									
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examin					s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUI	ABER 29	d. DATE SIGNED	(Month, Day, Year)				
BE	(P/S damps		D 304		7/23	190				
5	30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF	OEATN (ITEM 27) (Type				,				
	Dr. Chandra Belani, MD U	niversity	of Md. Hospital							
	31. DATE FILEO (Month, Day, Year) - 32. REGISTRAR'S S	IGNATURE								

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Julia Davidson-Randare

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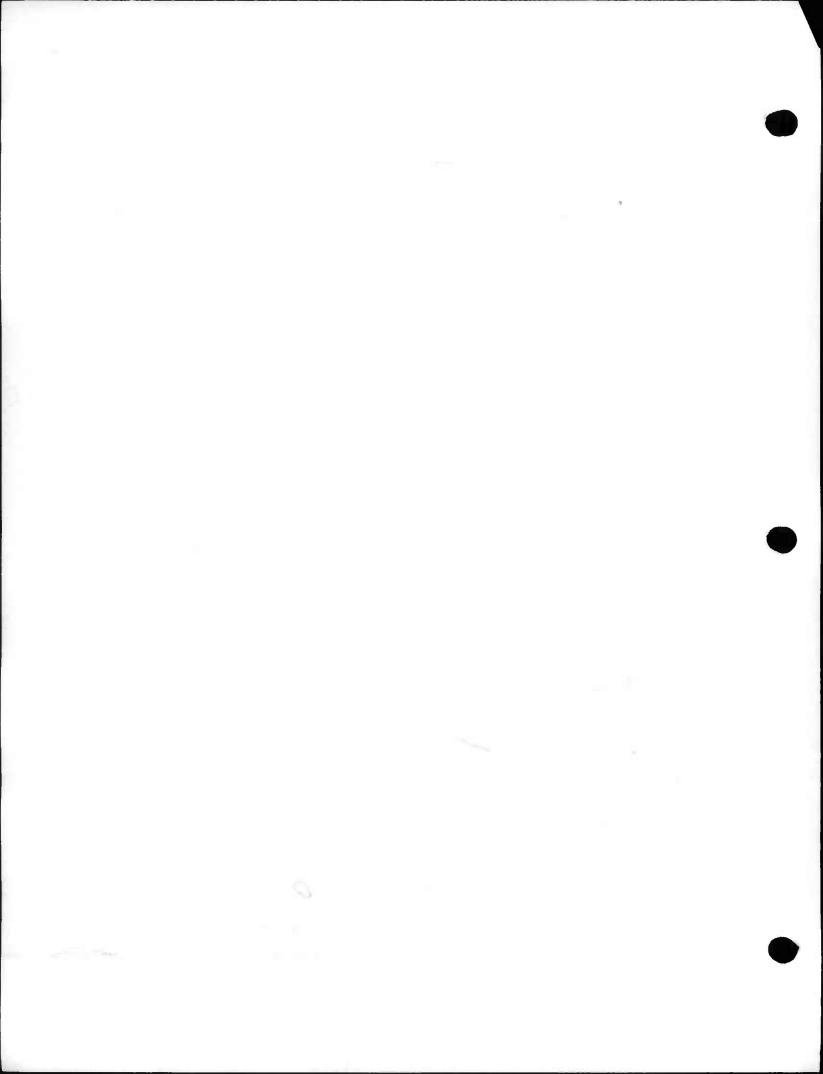
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lifter this certificate has been signed by the attending physician and completely fined in by the funeral director, p	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or renr	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE FUNERAL DIRECTOR: AN	er c	-
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	1 - STATE REGISTRAR STATE CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH				
	ANNIE MARY HEMPHILL		07 22	1990 01:00 A M				
		FUNDER 1 YEAR IF UNDER 24 HRS. INTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Pay 1 Year) 6 - 14 - 13	6. BIRTHPLACE (State or Foreign Country) S . C .				
TOR	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT	BALTIMORE						
EC	10e. STATE 10b. COUNTY 10c. CITY, T	TOWN OR LOCATION		10d. INSIDE CITY				
₫		TIMORE, CITY	1 TYES 2 NO					
NERAI	1808 N. RUTLAND AVE.	101. ZIP CODE 21213		USA				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 WWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. VIRMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerlo Rican, atc.) 1 ☐ YES 2 ☐ NO Specify: 1 ☐ YES 2 ☐ NO Specify: B L A C K						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentery/Secondary (0-12) College (1-4 or 6+) BEAUTI	k done during most of working etired.)	16b. KIND OF BUSINESS	6/INDUSTRY				
OMP	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Malden Surnan	ne)				
BE C	JESSE JOHNSON							
70		WHITE CHAPEL	RD BALTIN	^{n ZIO} COORE, MD. 21215				
	1/ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) ☐ M T Other (Specify)		CEM. BLAC	N — City or Town, Stata CKSTOCK, S.C.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	WM.C. MARCH		E. NORTH AVE.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line.	anter the mode of dying, auc	h es cardiac or reapiretory					
	IMMEDIATE CAUSE (Final	A	1	Interval Between Onset and Death				
	disease or condition resulting in deeth) a. Due To (OR AS A CONSEQUENCE OF):	engry MM	sec 1					
NO	Sequentially list conditions, Due to (or as a consequence of):	- l						
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	I fligt lluffgfad avality	abrota in	ledicy					
	PART II. Other significant conditions contributing to death but not resulting in	tha undarlying cause given in						
S	CRF 20 to blateral	Obstructi	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDICAL	Hypothymidism		_	1 TYES 2 NO				
AN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH (Ch	eck anti- one)					
SICI	EXAMINER? HOSPITAL:	OTHER: Nursing Home 5 Residence						
ВУ РНУ	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 2 Accident Investigation	OF 26c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	/ OCCURED				
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	set, factory, office	26f. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,				
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation,							
H	296. SIGNATURE AND TITLE OF CERTIFIER Oliver For Minimum Control of Certifier For Minimum Control	29c. LICENSE NUI	MBER 29d. ▶	DATE BIGHED (Month, Day, Year)				
٥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	11 4	ne Home of	int /				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	ins Hoplin	1 1 1 3 p	17-				
	JUL 2 4 1990 Julia Davidson-Randon			DMMA 46 Paul (III)				

	THE PURISHED INTERIOR THAT HIS CHARLE HIS CHARLES HIS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within several standard fractions and the final in the final in the final standard fraction and control of the standard for use or the fundal property power 1.0.2 should
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG, NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
		JAY	HARVI		7 18	1990	М
		. SEX 6. AGE (III		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign try)
į	215-18-1579 A 1996. FACILITY NAME (If not institution, give street	- 20	-	CITY, TOWN OR LOCATION OF E	8-8-1921 DEATH	9c. COUNTY OF	S. C.
E	4109 Garrison Blv			Baltimore			
5	RESIDENCE OF DECEDENT		Strong or the				
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY			WH OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ונים	100. STREET AND NUMBER		Balti	MOYE	1	tog. CITIZEN OF	WHAT COUNTRY?
ER	3511 Rhom Road			21207		US	А
S		2. WAS DECEDENT EVER IN FORCES? 1XXYES		13. WAS DECENDENT OF HISPI It yes, specify Cuban, Mexic		or No- 14. RAC	E — American Indien,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 YES 2 NO Spec	fly:	Spec	
	15. DECEDENT'S EDUCAT	ION I	16a. DECEDENT'S USU	IAL OCCUPATION	18b. KIND OF BUS	INESS/INDUSTRY	DIACK
	(Specify only highest grade cor		(Give kind of work life. Do NOT use re-	done during most of working	low rates of Boo	INCOOMING OF THE	
립	Clarifold (O-12)	zanogo (1-4 ar a 7)					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	IAME (First, Middle, Maiden	Surname)	
BE (Frank Harvin				en Nelson		
욘	190. INFORMANT'S NAME (Type/Print) Isaac Nelson			Rhom Road			,
	20a/ METHOD OF DISPOSITION	200		N (Name of cemetery, crematory of	Baltimore,	ATION — City or 1	
	1 A Buriel 2 Cremation 3 Ramova 4 Donetton 5 Other (Specify)	il from State	Wood awn	Cemetery		Itimore.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AND ADDRESS OF I			110
	- Sala	Marie	/	March F/H			
	23. PART I. Enter the disesses, or con	nplications that caused	the death. Do not	4300 Waha		retory errest,	Approximate
	shock, or heart failure. Lis iMMEDIATE CAUSE (Final	it only one cause on a	ech line.	R			Interval Between Onset and Death
	disease or condition resulting in death)	da	dio.	, Our	, are	est	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	1		7	
Z	Sequentially list conditions,		CUA				
AŢ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
FIC	CAUSE (Diseeae or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST						
	PART ii, Other algnificant conditions	contributing to death b	ut not resulting in t	he underlying cause given i	n Part i. 24s, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	91/2		•		PERFOR	MEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE
ED					1 TES 2		OF DEATH?
2							
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)		
YSIC		☐ Inpatient 2 ☐ ER/Outp		THER: Nursing Home 5 4 Residence	8 Other (Specify)		
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK?	28d. DE\$CRIBE HOW I	NJURY OCCURED	
B⊀	2 Accident Investigation	DO DI ACE OF IN HIE		M 1 YES 2 NO	and I contribut the same	and the section of the	(Suda Musika
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		et, factory, office	28t. LOCATION (Street e City or Town, State)	ind Number or Hura	Houte Number,
COMPLETED	290. CERTIFIER	AN. To the heat of our book	4-4 4				
MP	TOTAL OTHY			it the time, date end place, end d in my opinion, death occured at t			(e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	-11	- 01	29c, LtCENSE N			O (Month, Day, Year)
BE (Canles 6,	Mysone	PVRA	D.	5330	1 Tul	720 1900
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATH/(ITEM 27) TYPE PE	m)	CONTRACTOR OF THE PARTY OF	SALES CONTRACTOR OF THE PARTY O	1 111
	+CUARKIES	Woore	NU)	.4.5		1	
	31 TE FILED (Marth, Day Marth	32. REALSTRAN'S SICH	ATURE 2ndell	7127 AME	PHYSICIANS, P.A. IASSADOR ROAD	77.5	
	JUL 2 4 1990 40		-	WOOD! AS	NN. MD. 21207		

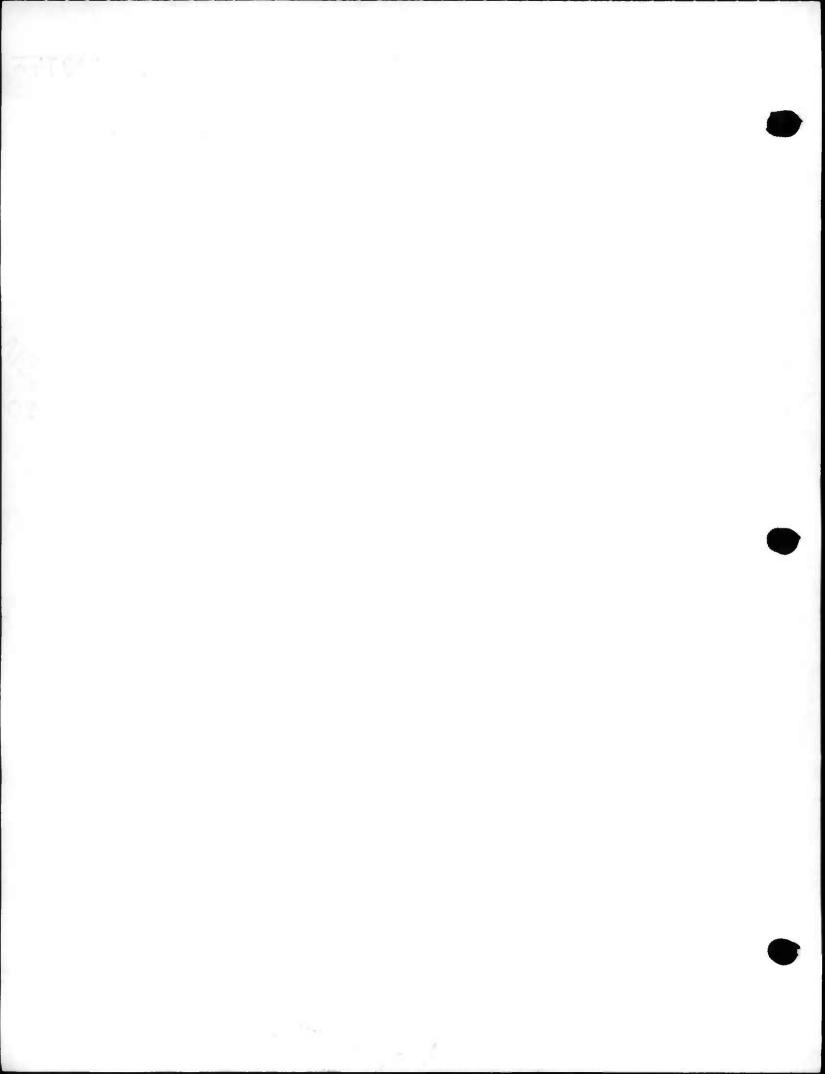


TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		Enili	CALL	T DEATH	REG. NO			
6	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OBATH JOSEPH S. HACKERMAN 2. DATE OF OBATH MONTH: 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	4. SOCIAL SECURITY NUMBER 5. SEX 20-09-0/82 1 1 M 2	6. AGE (In yrs. II	est birthday) YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) MAY 30, 1	918	6. BIRTNPLACE (State or Foreign Country) MARYLAND	
1	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TO	WN OR LOCATION OF OE			COUNTY OF DEATN	
DIRECTOR	BALTIMORE COUNTY GEN.	HOSPITAL		RANDALLSTOWN			В	BALTIMORE	
EC	10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CIT					10d. INSIDE CITY			
	MARYLAND BALTIMORE			BALTIMORE 101. ZIP CODE			10a CITIZ	LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?	
FUNERAL	9 POMONA SOUTH, APT. 6			21208			USA		
	11. MARRITAL STATUS 1 □ Never Merried 2 ☒ Merried 12. WAS OECEOENT EVER IN U.S. ARM FORCES? 1 ☒ YES 2 □ N IF YES, GIVE WAR OR DATES			If yes	DECENDENT OF NISPAN s, specify Cuben, Mexice YES 2 X NO Specify	n, Puerto Rican, atc.)	e or No—	14. RACE — American Indian, Black, White, etc. Specify:	
₩	3 Widowed 4 Olvorced	WWII						WHITE	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(Give kind of v	USUAL OCCUP vork done durin	PATION g most of working	16b. KIND OF BU	SINESS/IND	ISTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) #/6. Do NO				e retired.)			īL,	
O	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Maider	Surname)		
	SIMON HACKERMAN				ESTHE	R UNKA	IOWA		
BE	19e. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	ADDRESS (St	reet and Number or Rural i	Route Number, City or Tov	vn, State, Zip	Code)	
임	MRS. CATHERINE HACKERN	MAN	9 PO	MONA S	O., APT. 6	BALTIMOR	RE, MI	21208	
	20e. METNOD OF DISPOSITION	20b. PLAC	E OF DISPOS		of cemetery, crematory or			City or Town, State	
	1 X Buriel 2 Cremetion 3 Removal from St 4 Donation 5 Other (Specify)	BE	Place) TH EL	MEMOR	IAL PARK	R/	ANDALI	STOWN, MD	
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	Deno .		22, NAN	SOL LEVIN	SON & BROS	5., IN	IC.	
	Hydrey V. Sice	· · · · · · ·		_	O REISTERS				
	22. PART I. Enter the diseases, or complication abook, or heart fallure. List only or IMMEDIATE CAUSE (Final	ne cause on each li	ne.				Piretory arm	eat, Approximete Interval Between Onset and Deati	
	disease or condition resulting in death)	DUE TO (OR AS A CONS	why,	FI:	rent				
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Carsho Cuhu, Arrel Due to (or as a consequence of): Sequentially list conditions, Due to (or as A-consequence of): Due to (or as A-consequence of):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CALISE File of the State of Indiana.								
Ē	that initiated events	DUE TO (OR AS A CONS	SEOUENCE O	F):					
E	resulting in death) LAST	ous wor	y or	acc					
0	PART II. Other aignificant conditions contribut	ting to death but no	t reaulting	In the under	fying cause given in			24b. WERE AUTOPSY FINDINGS	
EDICAL						PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
							2 🗀 110	OF DEATH?	
Σ									
AN	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATN (Ch	peck only one)			
SIC	EXAMINER? 1 ☐ YES 2 ☑ NO 1 ☐ Inpatie	AL: ent 2 - ER/Outpatient	3 DOA	OTHER:	Nome 5 - Residence	B Other (Specify)			
PHYSICIAN:	/	NATE OF INJURY Wonth, Day, Year)	28b. TIN	IE OF 28-	c. INJURY AT WORK?	26d. DESCRIBE NOW	INJURY OCC	URED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO				
	3 Suicide a Day 14 28a. P	PLACE OF INJURY — At ruliding, etc. (Specify)	home, farm,	street, factory,	office	26f. LOCATION (Street City or Town, State	and Number	or Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the	beat of my knowledge,	death occurr	red at the time	, date end place, and due	to the cause(a) and m	anner aa atat	ed.	
OM	One) 2 MEDICAL EXAMINER: On the ba	isle of examination end/	or investigation	on, in my opin	on, death occured at the	time, date and piece,	end due to th	e cause(e) end manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	L			200 LICENSE NU	MBER CO	29d. DATI	E SIGNED (Month/Day, War)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	EO CAUSE OF DEATH (F	TEM 27) (Type	Print)	V 11	(0-1	SI	(B) 40	
		EGISTRAR'S SIGNATURE	- Pande	100-	1.0.	Jone	4001	21214	
	uu 1 6 1990 4	the wantagor	Mailor						



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND A	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NI
		C	ERTIFICATE	0	F DEAT	H		REG. N	Ю.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											1 0 0 1 1	
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH		EAR 3.	TIME OF DEATH	
	Ann	J.			Hayes			7-19-90 DAY			11:15PM M	
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER		(In yrs. last b	oirthday) IF U	F UNDER 1 YEAR IF UNDER 24 HRS. 7. D/			OF BIRTH	8.	BIRTHPL Country	ACE (State or Foreign	
	216-14-0537	1 🗆 M 2 💢 F	68	YRS.			Apr	8, 192	2 1	Vew	<u>York</u>	
	9a. FACILITY NAME (If not institution, give st 3042 .Mathews St		96. CITY, TOWN OR LOCATION OF DEATH Baltimore City						9c. COUNTY	OF DEAT	гн	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	r		10c. CITY, TO	WN OR LOCAT	ON		<u>-</u>		10	d. INSIDE CITY	
E	Maryland		Bal			timore City			1 X YES 2 NO			
AL	10e. STREET AND NUMBER					ZIP CODE		10g. CITIZEN OF			T COUNTRY?	
ER	3042 Mathews St	reet				21	218	United S			tates	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 — YES IF YES, GIVE WAR OR	DENT EVER IN U.S. ARMED 1 YES 2 NO VE WAR OR DATES			ENDENT OF HISPAN clfy Cuban, Maxica 2 NO Specifi	o Ricen, atc.) Black, White,			American Indian, Thita, etc. White		
	15. DECEDENT'S EQU		16a. DECE	EDENT'S USU	AL OCCUPATIO	N	18b	. KIND OF BUS	INESS/INDUS			
ET	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give	o NOT use reti	done during most of working red.)							
AP.	10		 	Housew	ife							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, I	st, Middle, Maiden Surname)				
BE (John		Bytel			Mary	Kujau					
10	19a, INFORMANT'S NAME (Type/Print)		19b.			nd Number or Rural						
	Ronald J. Wehber			11	THE PARTY OF	vell Land	5 R6					
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE OF DISPOSITION (Name of certification) Glen Haven Mem.			7/23/90 Gler			n Burnie Md.			
	21. SIGNATURE OF FUNERAL SERVICE WICENSEE MILITON J. Knight Jr. Leonard J. Ruck, Inc. 5305 Harford Road											
PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF):								Interval Between Onset and Death			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algolificent condition	but not re	t not resulting in the underlying cause given			1 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 ☑ NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ä	(INSPECTION						
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C/	neck only o					
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O		HER: Nursing Horr	e 5 🗆 Residence	her (Specify)						
BY PH)	27. MANNER OF DEATH 27. Manner OF DEATH 27. Manner OF DEATH 27. Manner OF DEATH 28. Accident Investigation	28s. DATE OF INJUR (Month, Day, Year	(Month, Day, Year) INJURY V			URY AT RK? YES 2 NO	28d. DE	DEŞCRIBE HOW INJURY OCCURED				
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF INJUI building, etc. (S)	URY — At home, farm, street, factory, office 28f.				28f. LOC City	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and manner as stated. 22 MEDICAL EXAMINER: On the best of axaminature advar investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
BE	SIGNATURE AND TITLE OF GERTIFIE	Y	29c. LICENSE NU OCME							Month, Day, Year)		
5	MARIO F. GOLLE, J	10 COMPLETED CAUSE OF I	DEATH (FEM	n product	l Penn	Street,	Balt:	imore,	1D 21	201	V	
	31. DATE FILED (Month, Day, 1981) 32. REGISTRAR'S SIGNATURE 1111 2 4 1990 Fully Davidson Produce											

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1 2 2

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

31. DATE FILED (Month, Day, Year)
JUL 2 4 1990

ROSENBA

	500								70	20012	
	1 - FOR STATE OF N			TMENT OF			MENTAL HYGII REG. 1				
	1. OECEOENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			. TIME OF DEATH	
	Jeanne Kol	ber					MONTH /	DAY 7	90	120 Am	
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last	last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign	
	577-24-5745 10 M2 DEF	93	YRS. MONTHS DAYS HOURS MIN.				(Month, Day, Year,	-96		achusetts	
TOR	9a. FACILITY NAME (If not institution, give street and number) HO14 Cr055 HO5PI RESIDENCE OF DECEDENT	fal		Silver		Spling	Md 309	9c. CO	UNTY OF DEA	omerg	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATIC	ON			1	Od. INSIDE CITY		
ੂ	Maryland Montgomery		Kensington					1	YES 2 NO		
AL	10e. STREET AND NUMBER		101. ZIP CODE					10g. CI	TIZEN OF WH	AT COUNTRY?	
EB	10231 Carroll Place		20895						Unit	ed States	
FUNERAL	1 Never Married 2 Married FORCES? 1	T EVER IN U.S. ARI	NO If yes, speci			Ify Cuban, Maxica	IIC ORIGIN? (Specify n, Puarto Rican, etc.)	Yea or No-		- American Indian, White, etc.	
BY	Widowed 4 Divorced IF YES, GIVE V	WAR OR DATES				NO Specify	<i>t</i> :		Specify:	White	
	15. OECEDENT'S EDUCATION			USUAL OCCUP			16b. KIND OF	BUSINESS/IN	IDUSTRY		
COMPLETED	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5		Do NOT u	work done during se retired.)	g most	of working					
ם	8 years		Housewife				Own 1				
O	17. FATHER'S NAME (First, Middle, Lest)		7		T	18. MOTHER'S NA	ME (First, Middle, Mak				
	(unascertainable)					(unasce	ertainable)				
BE	19a. INFORMANT'S NAME (Type/Print)	198	b. MAILING	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code)							
2	Leonard A. Kolber										
	20a_METHOD OF DISPOSITION 20b_PLACE OF DISPOSITION (Name of cametary, crematory or 20c_LOCATION — City or Town, State										
	1 A Burlel 2 Cremation 3 Removal from State 4 Onation 5 Other (Specify)										
	AS CONTRACTOR FINEDRAL SERVICE LICENSEE										
	DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N.W., WASHINGTON, D.C.										
_	I 22 PADT I Feter the diseases or complications the	t coursed the de									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cardiec or reepiratory erreet, shock, or heert failure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Final disease or condition				_					Onset end Deeth	
	resulting in death) a. //CC		RENAL FAILURE							5 days	
	DUE TO (OR AS A CONSEDUENCE OF):										
CERTIFICATION	Sequentially list conditions,	(OR AS A CONSE	DUENCE O	ნ ე:						-	
CAI	If eny, leading to immediate cause. Enter UNDERLYING										
Ĕ	triat mitiated events	(OR AS A CONSEC	DUENCE O	F):							
FE	resulting in death) LAST										
ਹ	PART II. Other significant conditions contributing to	death but not r	maultino	In the under	hdaa	cause alven in	Part I 24s MRS	AM AUTODOS	245 3	WERE AUTOPSY FINDINGS	
SAL	a to in the train	Ca. C.	A. a. a	- 0	ying	De vo	PER	FORMED?		WAILABLE PRIOR TO	
artérépetée Corderapular deresse 1 yes								2 2 NO	COMPLETION OF CAUSE OF DEATH?		
Z					_				1	YES 2 NO	
Ÿ											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:	6. PLA	CE OF DEATH (Ch	eck only one)				
YS	1 YES 2 AND 1 Ambatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
H	27. MANNER OF DEATH 28e. DATE OF (Month, I.		28b. TIME OF 28c. INJURY AT WORK?				28d. DESCRIBE HOW INJURY OCCURED				
ВУ	2 Accident Investigation		M 1 YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide determined	street, factory,	office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
MP	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
8					_						
BE	29b. SIGNATURE AND TITLE OF CHITIFIEN	. 1	, D			29c. LICENSE NUI	MBER 7071	29d, D/	TE SIGNED	Month, Day, Year)	

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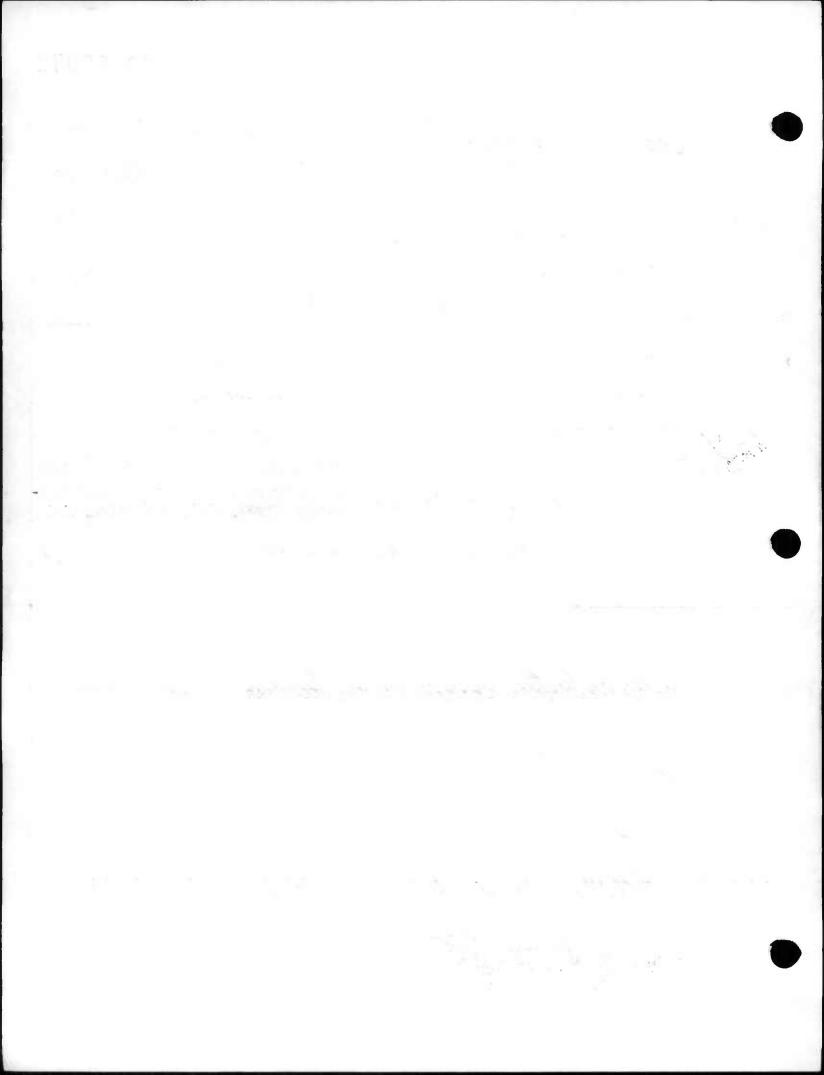
FARRAGUT

29c. LICENSE NUMBER

DO 9834

AUG.

KENSINGTON,



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
13146,	executed within 24	and completely fi burial, cremation	natic event, the
BOX	ificate be	physician ine prior to	her traur
P.0.	Jeath cert	attending intal Hygie	ry, or ot
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The law requires that the c	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 23 shows any Inju
OF VI	PHYSICIAN:	this certific with the St	rked, or I
DIVISION	L OR ATTENDING	L DIRECTOR: After hours after death	item 28 is mai
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: IF

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN		
1. OECEOENT'S NAME (First, M	liddle, Last)			2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
Not	a King			July 2	3 198	b /a BAH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BIRTN (Month, Day, Year)	, G	IRTHPLACE (State or Foreign ountry)
9a. FACILITY NAME (If not insti	2/8 - 0		Y, TOWN OR LOCATION OF O	100	9c, COUNTY C	loryland
	at the state	Medical Gr.	2016	EATN	SC. COUNTY C	OF DEALE
RESIDENCE OF DECE	DENT NOSPITCH !	ricor coy Cir.	Dagiin	10/6		
10a. STATE	10b. COUNTY	10c. CITY, TOWN	OR LOCATION)			10d. INSIDE CITY
		Ball	emal			1 FYES 2 NO
100. STREET AND NUMBER	Marcal	1+	10f. ZIP CODE	7.0	10g. CITIZEN	OF WHAT COUNTRY?
10s. STREET AND NUMBER 11. MARITAL STATUS 1. Company Married 2 Married 2	12. WAS DECEDENT EVER	IN U.S. ARMED - 13	WAS DECENDENT OF NISPA	DIC OBIDIN2 (Specify Ve	0 or No - 14 5	RACE American Indian,
		S 2 NO	If yes, specify Cuben, Mexic	an, Puarto Rican, etc.)	14.	Black, White, etc.
3 Widowed 4 Divorce	ed					Hite
	DENT'S EDUCATION highest grade completed)	16a. DECEDENT'S USUAL (Give kind of work done	during most of working	16b. KIND OF BL	ISINESS/INDUSTR	RY
Elementary/Secondary (0-1)	2) College (1-4 or 5+)	Nie. Do NOT use retired.	mes O	,	-	
17. FATHER'S NAME of trut, ANUA	On Land	June 6	18 MOTNED'S N	AME (First, Middle, Malder	Sumama)	
	Kera		aln	PALLE	7	
19s. BOTOPMANT'S NAME (Typ	ering,	19b. MAILING ADDRES	SS (Street and Number or Rural	Route Number, City or To	vn, State, Zip Code	1)
arra	Circawies	ce 1228	7 Kfull	st.	210	230
20s. METHOD OF DISPOSITION	N 3 Bermand from State	tob. PLACE OF DISPOSITION (A	lame of cemetery, cremetory or	20c. L	POATION City	or Town, State
4 Donation 5 Other (S	Specify)	Diemou	ent (em	eleng &	Jeem	ount aue
21. SIGNATURE OF FUNERAL	SERVICE LICENSEE	22	NAME AND ADDRESS OF F	ACILITY	ess-É	Jusecal
4.0	Cerley Dock		150/8.	Int au	ee.	pone de.
23. PART I. Entag the dis-	eases, or complications that caus art fallura. List only one cause on	ed the death. Do not ante	r the mode of dying, su	ch aa cardiac or reap	oiratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Fine						Onset and Peath
disesse or condition resulting in death)	·	1515				100%
	DUE TO (DR AS	CONSEDUENCE OF):	A.			2 low
Sequentially list condition		S A CONSEQUENCE OF):				2006
cause. Enter UNDERLYIN CAUSE (Disesse or Injury	IG					
that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):				
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	d					
PART II. Other significant	t conditions contributing to death			Pert I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	1048 10	int placege	11	1 YES	14	COMPLETION OF CAUSE OF DEATH?
E					,	1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN						
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPITAL: 1 Simpatient 2 ER/O	ОТНЕ	26. PLACE OF DEATH (C			
1 YES 2 NO	28a. DATE OF INJUR		ursing Nome 5 - Residence 26c, INJURY AT	6 Other (Specify) 28d, DESCRIBE HOW	IN HIEV OCCUPE	in.
	ending (Month, Day, Year		WORK?	200. DESCRIBE NOW	INJUNT OCCURE	
	vestigation 28e. PLACE OF INJU building, atc. (S	RY — At home, farm, street, fa		281. LOCATION (Street		ural Route Number,
4 Homicide de	building, etc. (S)	pecny)		City or Town, State	0)	
29a. CERTIFIER 1 CERTIF	FYINO PNYSICIAN: To the best of my known	owledge, death occurred at the	time, data and place, and du	is to the cause(s) and m	enner sa stated.	
e l consi	AL EXAMINER: On the basis of examine					use(s) and manner as stated.
	OF CERTIFIER		29c. LICENSE NO		29d. DATE SIG	GNED (Month, Day, Year)
286. SIGNATURE ASSISTA	stadu		002	394	> 7	123/20
30. NAME AND ADDRESS OF	PERSON WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type, Print)				
J.R.	Cladue.	2				
JUL 24 199	10 Julia Davidson-V	andese				
1 JOF 7 = 122	0 0	61				

OHMN-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

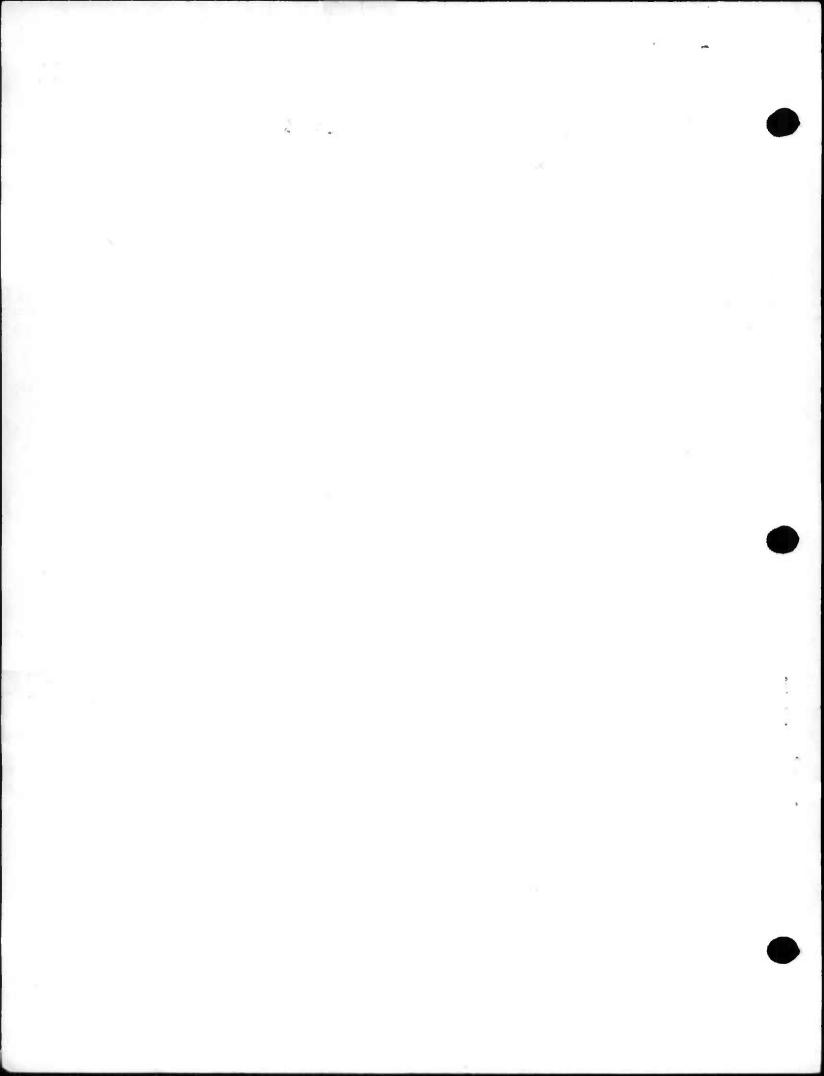
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attent TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for user, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1	7-20-90	CIII	
1	-	FOR STATE DEGISTRAD		STA

ATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
į	1. DECEDENT'S NAME (First, Middle, Last) Charl	es Willi	.am Ke	eefer		2. DATE OF DEATH MONTH 6-29-90	Y YEAR	3. TIME OF DEATH 10:28PM M
	1	6. SEX 6. AGE (N		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-10-1949	8. BIF Cot M	THPLACE (State or Foreign intry)
	9a. FACILITY NAME (If not institution, give stre	et and number)	19	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
TOR	Memorial Hospit	al		Cumb	erland		Alleg	any County
E	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
PIR	MD Allegan	У	Cumbe	Cumberland				X X AE8 5 □ NO
ERAL	426 Virginia Avenu	ie		100	ZIP CODE 1502		USA	F WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried XXX Merried 3 Vidowed 4 Divorced	u.s. armed ² □no 1es 968-70	If yes, sp		IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	BI	NCE — American Indian, ack, White, atc. ecity: 11. te:	
8	15. DECEDENT'S EDUCA (Specify only highest grade of	TION	16a, DECEDENT'S US	BUAL OCCUPATION NO MORE	IN at of working	16b, KIND OF BUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	laborer	retired.)	or working	home impi	covement	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden		
BE C	Leroy Keefer					Valentine		
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street a	nd Number or Rural F	Noute Number, City or Town	n, State, Zip Code)	
F	Mrs. Cynthia Keefe	er	426 Virg	inia A	renue Cum	berland, N	1D 21502	2
х	20a METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Remov	and dames Charles	other place) Licrest B				cation - city or erland,	
	21. SIGNATURS OF FUNERAL SERVICE LICE		11.	Scarpe	DADDRESS OF FA	ral Home		
	yours To	Carp	elle		land, MD			
	23. PART Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition			t antar tha mo	da of dying, suc	h aa cardiac or respi	retory srrest,	Approximate Interval Between Onsat and Death
	resulting in death)	DUE TO (OR AS A	OXICATION CONSEQUENCE OF):	V				
TION	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	·				
ERT	resulting in death) LAST							
LC	PART II. Other significant conditions	contributing to death b	ut not reaulting in	the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS
EDICAL						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED								XXX YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26, P	ACE OF DEATH (Ch	eck only one)		
YSI	XXYES 2 NO	1 Inpetient 2 XXR/Outp			e 5 🗆 Residence	6 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH 1) Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED	
ЕТЕР ВУ	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		wet, factory, offic		281. LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(a) and ma	nner as stated.	
COMPL		t: On the basis of examination	n and/or investigation,	In my opinion,	leath occured at the	1lme, data and place, ar	d due to the cau	se(s) and manner as stated.
BE	216 HONATURE AND TITLE OF DEPTITIES	Mall.	-		29c. LICENSE NUI OCME	MBER	29d. DATE BIG	NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO MARGARITA A. KOR		ATH (ITEM 27) (Type, F	rint) 111 Pen	n Street	,Baltimore	,MD 212	01 vc
	31. DATE FILED (MONTH) STOPP Julie							
	AAP (/							



TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a stee of TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely inved in by the fube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notify

	FOR
_	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	t, Middle, Last)	_						2. D	ATE OF DEATH		YEAR	3. TIME OF DEATH
CLARA	A	AUI	DREY		KIN	G			1v 2		990	5:00 A.M.
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER		IF UNDER 24 HRS	- 11	ATE OF BIRTH fonth, Day, Year)		6. BIRTH	IPLACE (State or Foreign
213-28-702		1 M 2 X F	75	YRS.	MONTHS	DAYS	NOURS MIN.	Ju	ly 31,	1914		
9e. FACILITY NAME (If not is	institution, give	street and number)			9b. CITY,	TOWN	OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH
MERCY HOSE RESIDENCE OF DEC 10a. STATE Maryland	PITAL				В	alt	imore C	ity		Ba1	timo	ore City
RESIDENCE OF DE	10b. COUNT	Υ		10c. CIT	ry, town o	R LOCA	TION					10d. INSIDE CITY
Maryland	Maryland Anne Arundel 10e. STREET AND NUMBER					rni	0					LIMITS? 1 YES 2 7 NO
10e. STREET AND NUMBER							f. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?
1052 Fitzallen Road						- 1	21060			US	SA	
11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.						CENDENT OF HISI		IIGIN? (Specify Yes		14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 3 Widowed 4 Div			WAR OR DATES				2 NO Spe		rio rican, etc.)		Spec	Hy:
	CEDENT'S EDU	ICATION	100 05	CEDENTIS	USUAL O	NA IDATI	011		16b. KIND OF BU	DW1505 (W1	MINTON	White
15. DEC (Specify on Elementary/Secondary (ly highest grade	e completed)	(Gi	ve kind of Do NOT u	work done one retired.)	turing me	ost of working		100. KIND OF BU	SINESS/INI	7051HT	
12th		None	+)	Home	emake	r			Own H	OMA		
17. FATHER'S NAME (First, A				110111	Ciliare	-	16. MOTHER'S	NAME (FI	rst, Middle, Maiden			
Charles			Richter				Mary		М	illeı	_	
19a. INFORMANT'S NAME (Type/Print)			. MAILING	3 ADDRESS	(Street		ral Route I	Number, City or Tow			
Mr. Roland	H. Ki	ing, Jr.	8	3260	Rail	Roa	ad Ave.	, P	asadena.	, Ma	ryla	ind 21122
20e. METHOD OF DISPOSIT	TION	novel from State	20b. PLACE other pla		SITION (Na	me of ce	metery, crematory o	or	20c. LO	CATION —	City or To	own, State
4 Donation 5 Othe	r (Specify)				Crem		J			ltimo	re,	Maryland
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	A		22. 3 T	NAME A	ND ADDRESS OF ETON FUN	FACILITY	I HOME			
1 Litter	N.	Sum	ne							RIIRN	TE	MD. 21061
Sequentielly list condition if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injustrat initiated evente resulting in deeth) LAS	ediata /ING ury	c	O (OR AS A CONSEC	DUENCE C	OF):						7	
PART II. Other algorific	ent conditio	ne contributing to	o deeth but not r	esulting	in the un	derlyin	ig ceuse given	In Part	I. 24s. WAS AN PERFO!	AMED?	246	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF DEATH	(Check on	nly one)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatlant 3	□ DOA	OTHER	R:	ne 5 🗆 Residen					
25. WAS CASE REFERRED EXAMINER? 1 YES 27 NO 27. MANNER OF DEATH		28e. DATE O	F INJURY	28b. Til	ME OF	28c. IN	JURY AT	_	OESCRIBE HOW	INJURY OC	CURED	
I Martural 5	Pending Investigation	(Month,	Day, Year)	IN	JURY M		ORK? YES 2 NO					
3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE building	OF INJURY — At he	me, farm,	street, fact	ory, offi	CO		LOCATION (Street City or Town, State)		r or Rural	Route Number,
one) 2 MED	CERTIFIC	2.	examination and/or	Investigati	lon, in my o		death occured at	the time,		nd dua to t	he cause(e) and menner as stated. D (Month, Day, Year)
31. DATE FILEO (Month, Day		32. REGISTE	AR'S SIGNATURE	77.								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use has find within 72 hours after death with the State Dent, of Health and Mental Houseve prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DOBURT G.

31. DATE FILED (Month, Day, Year)

JUL 2 4 1990

ROBY

	FOR 1 - STATE	STATE OF M	IARYLAND /						MENTAL		lE .	00 2	20076
	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)	Ruth	H. Kosk		ICATI	E OF	DEAT	Н	2. DATE			YEAR	1ME OF DEATH 7 - 15 pm M
	4. SOCIAL SECURITY NUMBER 2 16 - 05 - 1758	5. SEX 1 M 2 FF	birthday)	IF UNDER	1 YEAR DAYS	# UNDER	24 HRS. MIN.	7. DATE OF BIRTH 8. 6			Country)	E (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give street and number) Wesley Home, Inc. 9b. CITY, TOWN OR LOCATION OF DEATH Balto. Md.										9c. COUNT	y of DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. C Ba				ION						INSIDE CITY LIMITS?
FUNERÁL	1700 Meridene D	rive				101.	ZIP CODE 2121					ISA	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ABI		3	II yes, spe		n, Mexica	in, Puerto F	? (Specify Ye lican, etc.)	s or No — 1	4. RACE — A Black, Whi Specify: White	merican Indian, ite, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)	College (1-4 or 5+	(Git	ve kind of	usual o work done se retired.)	CCUPATIO during mos	N st of worldn	ng	16b.		inenta	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles Russe	11					18. MOTH	HER'S NA		Marie	Ruppr	echt	
TO E	Doris R. Hubbar		19b	RR I	BOX	S (Street at 291	Cent	or Aural	Route Numb 0ssip	ee, City or Tov	vn, State, Zip C I.H. 03	8814	
	20. METHOD OF DISPOSITION 117/Burlel 2 Cremation 3 Ren 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI James F. Glad	CENSEE	Parky	ice)	Ju]	NAME AN	3 10	990 ss of fa	141411	Ва	ltimor 305 Har	e. Mo	
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	ea on aach lina.							isc or resp	olratory stre	į	Approximate interval Between Onset and Death ACUR
ERTIFICATION	discess or condition resulting in death) a. CARDING FAILURG DUE TO (OR AS A CONSEQUENCE OF): WOCARDING INTRACTION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CARDING TAILURG DUE TO (OR AS A CONSEQUENCE OF): CARDING TAILURG DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Acurs 16xRs		
: MEDICAL C	PART II. Other significant condition PROGESSIVE MALABSOA	PEMER	death but not not not not not not not not not no	(VG)	in the U	nderlyIng	g cause (given in	Part I.	24a. WAS AI PERFO 1 YES	RMED?	COM OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D	INJURY ay, Year)	28b. TII	ME OF JURY M	R: rsing Hom 28c. INJ WO 1 \(\)	e 5 Re URY AT PK? YES 2	aaldenca		(Specify)	INJURY OCCL		
O BE COMPLETED	3 Suicide 4 Homicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 39e. BEDMATUSE AND TITLE OF CERTIFIE	building, SICIAN: To the best of		eth occur	red at the	time, date	and place		City to the cau	or Town, State	enner as state	d	I menner se stated.

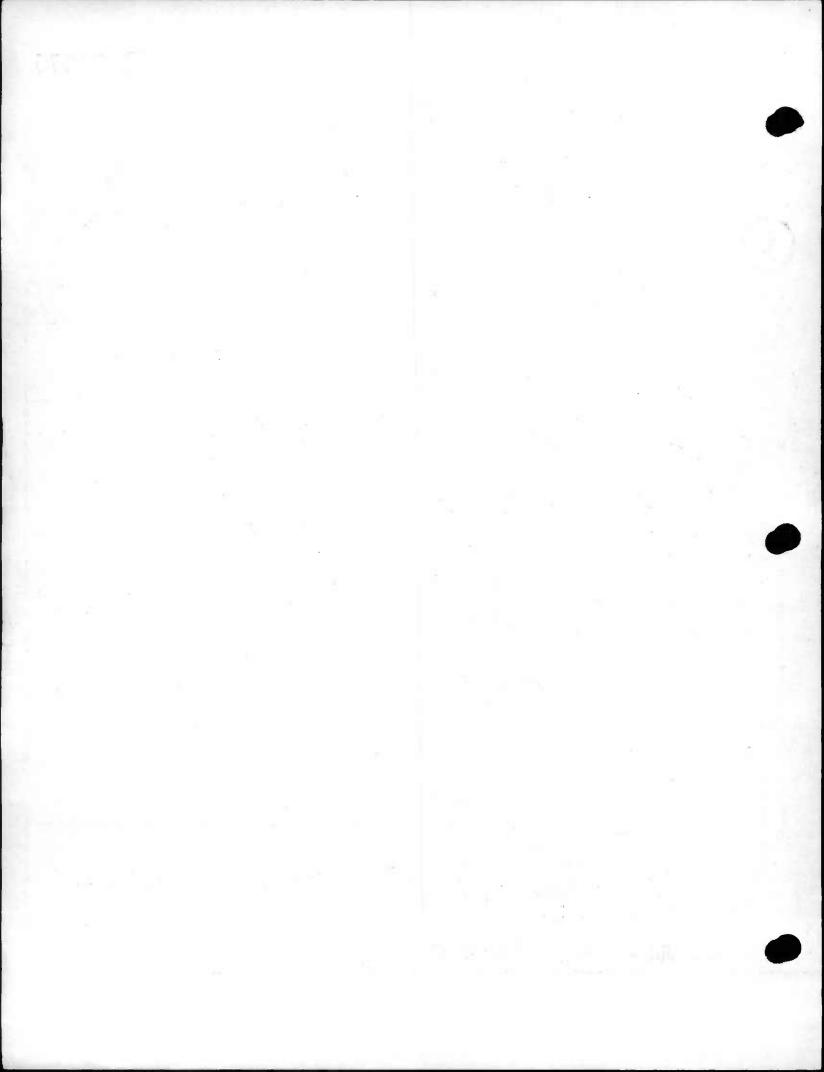
DEATH (ITEM 27) (Type, Print)
22/

21209

AUF.

ROGERS

W.



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

4P

City

10d. INSIDE CITY

1 YES 2 NO

YEAR

90

9c. COUNTY OF DEATH

BALT

10g. CITIZEN OF WHAT COUNTRY?

US U.S.A

Jesse

21230

Knapp

14. RACE — American Indian, Black, White, etc.

WHITE

Approximate

24b. WERE AUTOPSY FINDINGS

DE DEATH?

20

MILABLE PRIOR TO

1 YES 2 NO

COMPLETION OF CAUSE

Interval Between

Onset and Death

5	Δ	
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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FUNERAL F =

TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Vernon Gilbert Lynch 2. DATE OF DEATH DAY TNCH 20 VERNON 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs, last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 019964 DAYS HOURS 1 M 2 - F YRS 18 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR - HOSPITAL HARBOR BALTIMORE CENTER RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNT Balto. City Md. Baltimore City permit. 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 21230 11 East Ostend Street burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO BY 3 Widowed 4 Divorced use as the 10/45 COMPLETED 15. DECEDENT'S EDUCATION 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high 100 Elementary/Secondary (0-12) College (1-4 or 5+) detached 6th Grade Martin Marietta Leader 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Stephen Lynch STEPHEN KNAPP at -YNC JESSIE BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Ostend St., Balto., Md. Lynch å 20a, METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must 4 Donation 5 Other (Specify) Crownsville Md. Vet. Cem. Millersville, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home mes) Firederic 130 E. Fort Avenue, Balto., Md. 21230 dames Frederick Jr Hackman medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, shock, or heart fellure. List only one cause on each line. 0 IMMEDIATE CAUSE (Finel the disease or condition RECLIRRENT MYOCARDIAL INFARCTION resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): RESPIRATORY FAILURE traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate RENAL FAILURE
DUE TO (OR AS A CONSEQUENCE OF): ceuse. Enter UNDERLYING CAUSE (Disesse or Injury other that initiated events resulting in deeth) LAST 0 Mental Injury, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL any 1 YES 2 NO Health shows a PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State L HOSPITAL: OTHER 1 YES 2 NO 1 Nonpatient 2 - ER/Outpatient 3 - DOA me 5 - Residence 8 - Other (Specify) of the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28b. TIME OF 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 5 Pending 1 YES 2 NO death B 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 89 3 Sulcide 8 Could not be COMPLETED 28

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 29s. CERTIFIER

(Chack only 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

enter 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3001

31. DATE FILED (Month, Day, Year) 24 1990

32 REGISTRAR'S SIGNATURE Randall

DHMH-16 Rev 1/89

e of pelolic bearing

TO BE COMPLETED BY FUNERAL DIRECTOR

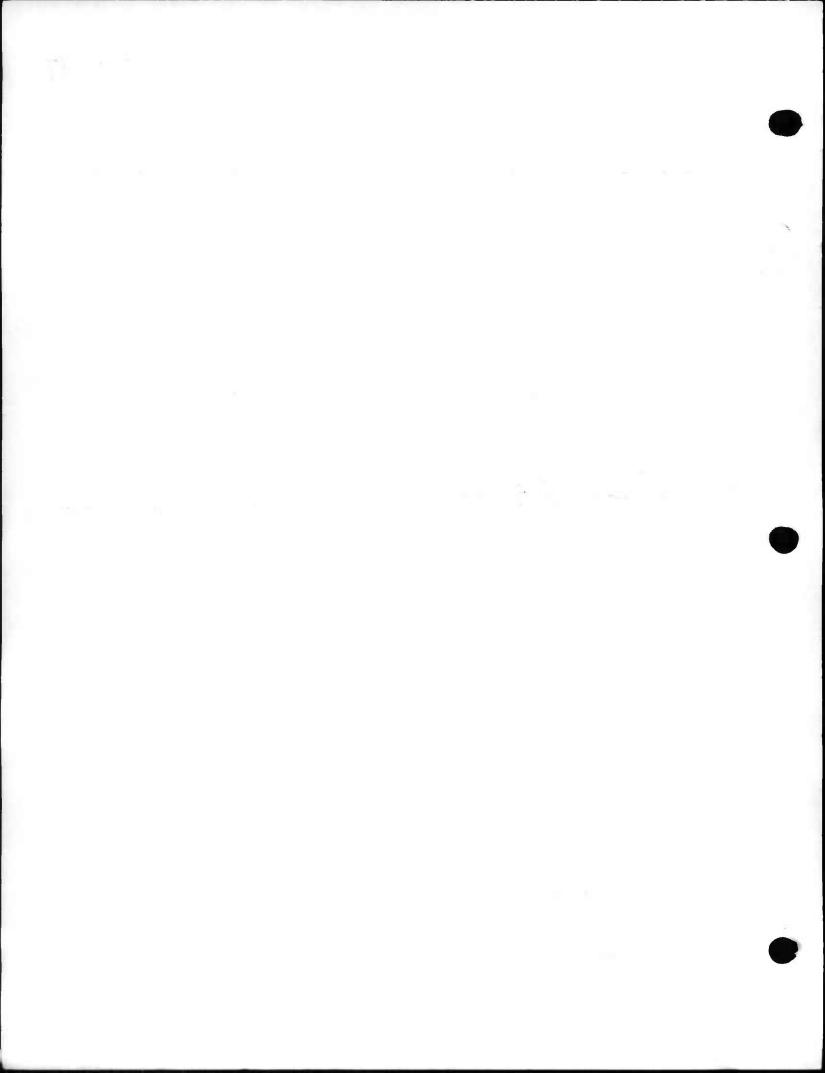
1 - STATE REGISTRAR	SIAIE UF MANT	CERTIF			EATH	VIENTAL TIGIE REG. N				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATN	DAY	YEAR 3	. TIME OF OEATH	
Dorothy	Elvir	a Ph	oebe	La	ne	7-18-9			12:20AM M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign	
204-26-5701	1 - M 2 - F	55 YRS.	MONTHS	DAYS H	OURS MIN.	06/21/3		- "	nsulvania	
9e. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY,	TOWN OR	LOCATION OF D			NTY OF DEA		
UNION HOSPITAL OF	CECII, COU	VIIV	FILE	MOTX			CEC	IL CO	י ואידיע	
RESIDENCE OF DECEDENT	02022 000.									
10e. STATE 10b. COUNTY			Y, TOWN OF		N			1	Od. INSIDE CITY LIMITS?	
	ester	Gl	enmor	_					YES 2 NO	
10e. STREET AND NUMBER				101. Zi	IP COOE		10g. CIT	IZEN OF WH	AT COUNTRY?	
P.O. Box 201					19643			U.S.A		
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMEO S 2 NO				IIC ORIGIN? (Specify n, Puerto Rican, etc.)	fee or No—	14. RACE - Black, 1	- Americen Indien, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1	YES 2	NO Specif	r:		Specify:	White	
15. DECEDENT'S EDUCA	ATION	18a. DECEDENT'S	USUAL OC	CUPATION		18b, KIND OF I	USINESS/IN	DUSTRY	WILLE	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u.	work done d se retired.)	luring most o	of working					
11	College (I-4 of 5+)	Homem	aker			Own H	ome			
17. FATHER'S NAME (First, Middle, Last)		1		1	IS. MOTNER'S NA	ME (First, Middle, Maid				
Frederick	O. Bliesa	th			D	orothy J.	Ulri	ch		
19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS	(Street and		Route Number, City or				
Sherry D. Conver		St. P	eters	Rd.	R.D.6	Pottstown	. PA	. 19	464	
20e. METHOD OF DISPOSITION	2	06. PLACE OF DISPO						City or Town		
1 Donation 5 Other (Specify)	val from State	imerich	Ganda	n 01	Mamari	es Li	maria	b DA		
21. SIGNATURE FUNERAL SERVICE LICE		1			AODRESS OF FA		IIIEALC	K IA	•	
	1 2.	1	RO	BERT	C. ALT	ENBURG FU	NERAL	HOME	, INC.	
- Quare		uce	60	109 H	arford	Rd., Bal	timor	e, M		
23. PART I. Enter the disesses, of co shock, or heart fellure. L	implications that cause on lst only one cause on	ed the death. Do eech line.	not enter	the mode	of dying, suc	h as cardiac or re	spiretory a	rrest,	Approximats Interval Between	
IMMEDIATE CAUSE (Final									Onset and Death	
disesse or condition resulting in death)	Arteriosc			vasc	ular di	sease				
	DUE TO (OR AS	A CONSEQUENCE O	PF):							
Sequentially list conditions, 6.	DUE TO (OR AS	A CONSEQUENCE O	E.						 	
If any, leading to immediate cause. Enter UNDERLYING			. ,.						İ	
CAUSE (Diseese or injury that initiated evants	DUE TO (OR AS	A CONSEQUENCE C	F):							
resulting in death) LAST										
PART II. Other significant conditions	contributing to death	but not resulting	In the un	iderlying o	cause given in		AN AUTOPSY ORMED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
						XX YES	2 🗌 NO	-	COMPLETION OF CAUSE OF DEATH?	
								2	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				CE OF DEATH (C	neck only one)				
XIX YES 2 □ NO	1 ☐ inpetient 2 XD€R/O	utpetient 3 🗆 DOA	OTHER 4 Num		5 🗆 Residence	8 Other (Specify)				
27. MANNER OF OEATN	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIP	ME OF	28c. INJUR		28d. DESCRIBE NO	W INJURY O	CCURED		
1 Netural 5 Pending 2 Accident investigation	NI SIBOOS		М		S 2 NO					
3 Sulcide 6 Could not be	28e. PLACE OF INJU building, etc. (S	RY — At home, ferm, pecify)	street, fact	tory, office		28f. LOCATION (Str. City or Town, St	et and Numb	er or Rural Ro	ute Number,	
4 Nomicide determined										
29e. CERTIFIER (Check only 1 CERTIFYING PNYSIC	CIAN: To the best of my kn	owledge, death occur	red at the ti	lme, date a	nd place, and du	to the ceuse(e) end	nanner ee st	ated.		
one) 2 MEDICAL EXAMINER									end menner es stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	29b. SKOMATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)									
MOUNT	- Usul	L			OCME					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OBATH (ITEM 27) (Type, Print)										
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	OEATH (ITEM 27) (Typ)	e, Print)			-				
MARGARITA A. KO		OEATH (ITEM 27) (Typ		111 7	Donn C±	reet,Balt	imana	MD O		

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

rurs after death. Page 6 may be retained by the hospital or attending physician TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-frobe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/8



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	. STATE REGISTRAR		CERTI	FICATE	OF	DEATH	R	EG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last)		,				2. DATE OF I	DEATH		YEAR	3. TIME OF DEA	тн
,	Margaret T. Mer	cer					монтн 7	22		90	0115	m.m.cr
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. last birthde) IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF E	WRTH		BIRTH	PLACE (State or F	
	210 20 0206	1 M 2 J_F	O.1 YRS	MONTHS	DAY'S	HOURS MIN.	(Month, De	y, Year) 9/99	Ū	VASH	INGTON,	D.C.
1	219-28-8386 9a, FACILITY NAME (If not institution, give str	eet and number)	91	ah CITY	TOWN C	R LOCATION OF DE		<i>3/33</i>	9c. COUNT			
œ	St. Agnes Hospita			,		ore, Md.	AIT!	ļ			m.r.111	
2	RESIDENCE OF DECEDENT					,						-
DIRECTOR	10a. STATE 10b. COUNTY		10c. C	TTY, TOWN OF	LOCAT	ION					10d. INSIDE CIT	γ
E	MD BA	LTIMORE			Ba1	timore					LIMITS?	VNO
	10s. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF V	VHAT COUNTRY?	5.34
R	707 Maiden Choice	Lane			310	21	228			S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ED IN U.S. ADMED	13 W	MS DEC	ENDENT OF HISPAN	IIC OBIGINS (S	nacify Yes	or No. 1	4 BACE	E — American Inc	llan
	1 Never Married 2 Married	FORCES? 1 1	YES 2 XNO	If	yes, sp	ecify Cuban, Mexica	n, Puerto Ricar			Black	k, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES	'	∐ YES	2 XNO Specify	r:			Speci	WHITE	_
	15. DECEDENT'S EDUC	ATION	18e. DECEDENT	'S USUAL OC	CUPATIO	ON .	16b. KIN	D OF BUS	INESS/INDU	STRY		
E	(Specify only highest grade of	completed)	(Give kind life. Do NO	of work done du "use retired.)	uring mo	st of working						
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEM	AKER			70	NN HO	ME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	MF (First Midd	le Maiden	Sumama)			
		TAYLOR				ANNA						
BE	19a. INFORMANT'S NAME (Type/Print)	INILOR	Janh Man	NO ADDRESS	(Charle	nd Number or Rural I		-	Ctesta 7in (Corde)		
2	JAMES SHALLENBERG	FD				L GATE LA					21229	10
			20b. PLACE OF DISI					_	CATION — CI			
	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remo	val from State				AL CEMETI	TRY				ARYLANI)
	4 Donation 5 Other (Specify)	ruene	DALITIO							-		
	21. SIGNATURE OF PUREPHIL SERVICE EXC	SHOEL Y	1	LE	ŔŎŶ	M. & RUS	ŠŠELL (C. WI	TZKE	FUN	NERAL HO	DMES
	Lussauc	way.	De	16:	30 1	EDMONDSON	N AVEN	JE, CA	TONS	JILI	LE, MD.2	21228
	23. PART i. Enter the diseases, or co			o not enter t	the mo	da of dying, suc	h as cardiac	or respi	ratory arre	st,	Approxir	
- 1	shock, or heart failure. I IMMEDIATE CAUSE (Final	.ist only one cause	on each line.								Interval Onset a	nd Death
	disease or condition	Run	Vined A	Lla		1 DARN	. AA	10 ,, 1	inan			
- 1	resulting in death)	DUE TO (OR	AGREED A	OF):	INA	1 110100	16 1410	-ca/c	9000			
_				1/0								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):								
¥	cause. Enter UNDERLYING			n:/A								
프	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):								
눈	resulting in death) LAST											
							mark I a			1		
MEDICAL	PART ii. Other significant conditions	s contributing to dea	A . /	ig in the uni	dertyin	g cause given in	Part I. 24	e. WAS AN PERFOR		246	AVAILABLE PRIO	R TO
음			1V/A				1	YES 2	NO		OF DEATH?	CAUSE
ME		1									1 YES 2	NO
ż												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF DEATH (Ch	eck only one)					
SIC	1 VES 2 NO	1 Inputient 2 ER	VOutpetient 3 🗆 DO	OTHER		ne 5 🗆 Residence	8 🗆 Other (S	pec#y)				
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,)	URY 28b.	TIME OF INJURY	28c. IN.	JURY AT	28d. DESCR	BE HOW I	NJURY OCC	URED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	М		YES 2 NO						
	2 Naccident S Could not be	28e. PLACE OF IN building, etc.	JURY — At home, for	m, street, facto	ory, offic	20	28f. LOCATIO	ON (Street a	and Number of	or Rural	Route Number,	
TED	4 Homicide determined		Copacity				Oily Gr	own, otale,				
E	29s. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death oc	arred at the ti	me, date	and place, and due	to the causel	a) and mar	ner as state	d.		
COMPLET	CORPOR OTHY	R: On the besis of exam									a) and manner as	atated.
	Λ											
BE	296 SIGNATURE AND TITLE OF CERTIFIEF	· la v	111			29c. LICENSE NU			DATE	SIGNE	O (Month, Day, You	u j
2	XXIIIM III VI	au V	VY			10000C) [+	12.	470	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	JEATH (ITEM 27) (Sype, Print)	/ ^	14. 110	11-	Tal	- 11-	1	0/-	11
	SCIMAN MI	VICKIRS	VUIJ -	601	/-/\	ora WOI	+C 5	70 M	12 Ma	rly	N Horry	Yal
	31. DATE FILED (Models. Del. Year)	Maridan 9	nde 10								,	
	JUL 24 1990 9uli	- Harrings - No	1									

DHMH-18 Rev 1/89

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DIRECTOR

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75 notified þe must examiner medicai the event, traumatic other 0 injury, shows any certificate h item 6 this c marked,

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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After death

DIRECTOR: Hours after of

TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

THE THE

2 2 3

HOSPITAL

28 is

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Harold Edwin McCleary July 18, 1990 10:28 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1938 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS DAYS Pennsylvania 1 M 2 F 52 216-34-0420 YRS. March 11, 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH White Hall, Harford 5444 Norrisville Road RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford Maryland White Hall, 1 TES 2 NO 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 5444 Norrisville Road 21161 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried Specify: White 1 YES 2 NO Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY U.S. Army Corps of Elementary/Secondary (0-12) College (1-4 or 5+) 12 Engineers Contract Specialist 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Delmer C. McCleary Mildred G. Hulshart 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, Robert P. Smith 5444 Norrisville Rd., White Hall, Md. 21161 20e. METHOD OF DISPOSITION
1 1 Burlet 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State Norrisville Cemetery 4 Donetion 5 Other (Specify) White Hall, Md. 21161 21. SIGNATURE GE-FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, Inc. 19 S. Main St., Stewartstown, 23. PART . Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory erreat, Approximate shock, or heart fellure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, AS A CONSEQUENCE OF) if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART if. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 XNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 N Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY Natural
Accident 5 Pending М 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated.

ation end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end menner ee stated.

29c, LICENSE NUMBER

025065L

MATURE AND TITLE DE CENTIDER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 MEDICAL EXAMINER: On the b

Stewartstown, Pa. 17363 Reginald B. Germill,

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE a Davidson 4 1990

29d. DATE SIGNED (Month, Day, Year)

▶ July 20, 1990

irector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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B ret	S	10
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PHY	this	ked
NG	fter	mai
SNO	R. A	99.
ATT	000	28
80	DIRE	tem
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the study within 20 hours here death with the State hour of Hearth and Mental Housen infor to hard comparing.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
7 JUL 92 4 1990

, M. A.

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEF CERT	ARTMEN IFICAT				MENTA	L HYGIEN	E	3 () [[3001
	1. DECEDENT'S NAME (First, Middle, Last)		ES LA M	ARTI	NΑ			2. DATE			YEAR	3. TIME OF I	
	Charles LAN	ER 1 YEAR	IF UNDER 24 HRS. 7. DATE OF BIRTI			OE BIRTH	20 90 6:35 6. BIRTHPLACE (State or Fo						
	219-10-5034		AGE (In yrs. lest birthe	MONTHS	1	HOURS	MIN.	(Month, Day, Year) Country)			RYLAN		
	9a. FACILITY NAME (If not institution, give st			9b. CIT	ry, TOWN	OR LOCAT	ON OF DE		, , , ,		NTY OF E	_	
OR	Loch RAVEN VETE	erans Adr	nia. Hosp). B	Alt	im	ore						
ב	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			CITY, TOWN	OR LOCA	TION						10d. INSIDE	CITY
DIRECTOR	MARYLAND -			BAL								XIX YES 2	
	10e. STREET AND NUMBER				10	f. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNT	377
FUNERAL	3915 BALFERN	AVE.				212	13			τ	J. S	. A.	
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED YES 2 NO	13					N? (Specify Yee Rican, etc.)	or No	14. RAC Blac	E — Americen k, White, etc.	Indien,
ВУ	1 Never Merried 2 Married 3 N/dowed 4 Divorced	IF YES, GIVE WAR	OR DATES	_ L		2 X NO					Spec	WHIT	E
9	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDE	d of work don	e durina m		ina	16	DEPT.	INESS/INE	PAR	KS	
COMPLETED	Elementery/Secondery (0-12) N A	College (1-4 or 5+) NA	life. Do N	OUNDS	.)				& RE				
MP	17. FATHER'S NAME (First, Middle, Last)	NA	GK	OUND) KE			ME /First	Middle, Maiden	Cumama)			
	GIOVANNI LA M	ARTINA					ONCE						
BE	19e. INFORMANT'S NAME (Type/Print)	211(2 21(2)	19b, MAI	LING ADDRE	SS (Street				nber, City or Tow		Code)		
5	TAMMY POUNDE	RS (DAUG							ALTO.			1213	
			20b. PLACE OF DI	SPOSITION (,				own, State	
	1X Burlel 2 Cremellon 3 Removal from Stale MOST HOLY REDEEMER BALTIMORE, MD.												
	22. NAME AND ADDRESS OF FACILITY S CHIMUNEK FUNERAL HOMES, INC.												
	V (Zuit H. K	Sor!			3331	BRI	EHMS	LA	NE, B	ALTC).,	MD. 2	1213
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on sech line.												
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. MALIG	NANT RASA CONSEQUEN	Pleu	CA	EI	CFU	651	o'N			Onset	t end Death
_	_											110	IOAR
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate b. Adenocarcinoma of Lung DUE TO (OR AS A CONSEQUENCE OF):												
CA	CAUSE (Disease or injury												
TE.	thet initiated events reaulting in death) LAST	DUE TO (O	R AS A CONSEQUEN	CE OF):									
E		d										- 	
PHYSICIAN: MEDICAL	PART II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									RIOR TO			
M												1 TYES	NO 🗌 S
AN	25. WAS CASE REFERRED TO MEDICAL				20.1	PLACE OF	DEATH (C)	hook only					
CI	EXAMINER?	HOSPITAL:	(D)Outpetient 3 D	ОТН	ER:								
H	27. MANNER OF DEATH	28e, DATE OF IN	JURY 288	. TIME OF	28c. il	JURY AT	residence	7	ner (Specify) EŞCRIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Pending	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO											
TED BY	2 Accident 3 Suicide a Could not be delarmined	28e. PLACE OF I	NJURY — At home, f c. (Specify)	erm, streel, f	actory, off	lce			OCATION (Street and Number or Rural Route Number, ty or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of m										(e) end manne	r ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R .				29c. LI	CENSE NU	MBER	-	29d. DA	TE SIGNE	D (Month, Day,	Year)
O BE	Skip Strain	, M.S.				m	RO4	172		•	7.2	0.90	
2	30 NAME AND ADDRESS OF PERSON WH	D COMPLETED CAME	DE DEATH STEM OF	(Time Driet)		-							

RAVEN VAH, 3900 LOCK RAVEN BIVS 32 REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR	CERTIF	CAIL	T DEATH	HEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) D(N) MMCCECC	John Wi	lliar	n Markell	2. DATE OF DEATH DATE OF	"> 9"E	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	705-05-3526	7) YRS.	MONTHS DAY		(Month, Del, Mear)	12 5	Country)
	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOV	VN OR LOCATION OF DE	ATH ATH	9c. COUNTY	
DIRECTOR	HArbor HOSPIXA Coul	en	/	BACTMAR	GM)	BA	MORE City
5	RESIDENCE OF DECEDENT				·		
	10a. STATE 10b. COUNTY	10c, CITY	r, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
- 1	Maryland	Ba	lto.	City,Md.			1 🖳 YES 2 🗌 NO
4	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNEHAL	103 E.Ostend St.			21230		US.	A
5	11. MARITAL STATUS 12. WAS DECEDENT EVER			DECENDENT OF HISPAN		or No— 14.	RACE — American Indian, Black, White, atc.
-	1 Never Merried Neverled FORCES? 1 YE			s, specify Cuben, Maxicer YES 2 to NO Specify			Specify:
ž R	3 Widowed 4 Divorced						White
EIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUP	PATION a most of working	18b. KIND OF BUS	SINESS/INDUST	
TI.	Elementary/Secondery (0-12) College (1-4 or 5+)	life. Do NOT us	e retired.)	g most or working			
COMPL	8th.Grade	Labo	rer		BSO	Rail:	road
5	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NAI	ME (First, Middle, Maiden		LUAU
_		M=1-		1014			
BE	Bernard 190, INFORMANT'S NAME (Type/Print)			eet and Number or Rural F		ennan	c(a)
2		1.1.4-2.1.1.1.1.1.1					
	Mrs.Sophia Markell			tend St.			
	1- Burial 2 Cremation 3 Removal from State	20b. PLACE OF DISPOS other place)					or Town, State Md .
		Meadowri			Ell	kridge	e, Howard Co.
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAM	E AND ADDRESS OF FA	Balto	o.Md.2	21230
- 1	> Junes to Herde	of .	McC	ully Fund			E.Fort Ave.
	23. PART I. Enter the disease, or complications that cause	and the death. Do n					
	shock, or haart fellure. List only ona cause or		iot entai tiia	mode or dying, such	1 ee cerdiec or reep	netory arrest	Interval Between
- 1	IMMEDIATE CAUSE (Final		0.	11.153			Onset and Death
	disease or condition a. /15/10	ATZON	Phec	morna			100
	DUE TO (OR A	S A CONSEQUENCE OF	f):	Morma	-		1000 5
Z	Sequentially list conditions, b. Ceneb			Accide	zu_		gens
Ĭ	If any, leading to immediate	S A CONSEQUENCE OF	F):				
RIFICATION	CAUSE, Enter UNDERLYING CAUSE (Disease or Injury						
=	that initietad events	S A CONSEQUENCE OF	F):				i l
H H	resulting in daeth) LAST						
ပ၂	PART II. Other significant conditions contributing to deat	h but not resulting	In the under	Iving cause given in	Part I. 24a, WAS AN	ALITOPSV	24b. WERE AUTOPSY FINDINGS
<u> </u>	Deales #2 1000	into C	in the under	lying cause given in	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	DANELS /Vell	20162			1 _ YES 2	NO	OF DEATH?
ME					_	1	1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			6. PLACE OF DEATH (Ch	eck only one)		
25	EXAMINER? 1 YES 2 NO HOSPITAL: Impetient 2 ER/C	Outpatient 3 🗆 DOA	OTHER: 4 \(\text{Nursing} \)	Home 5 - Reeldence	6 Other (Specify)		
Ē	27. MANNER OF DEATH 28s. DATE OF INJUI			: INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	1ED
	1 Natural 5 Pending (Month, Day, Yes	27)	M 1	WORK?			
m	3 Suicide 28e. PLACE OF INJU	JRY — At home, farm,	street, factory,	office	281. LOCATION (Street		Rural Route Number,
	4 Homicide S Could not be building, etc. (5	Specify)			City or Town, State,)	
	290. CERTIFIER						
COMPLE	(Check only 1 CERTIFYING PHYSICIAN: 10 the best of my ki						
ᅙ	2 MEDICAL EXAMINER: On the basic of examin-	etion end/or investigation	on, in my opini	on, death occured at the	time, date end piece, ei	na due 10 trie c	euse(e) and manner as stated.
<u> </u>	296. SIGNATURE AND TITLE OF CENTIFIER	0.0	\wedge	29c, LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
0	formit Huste	Me M		D 25	344	1	23/70
=	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)				
	Robert J. Collisburg MD		E. W	est st	BACTU	RES N	10
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S ALTA DAVIDARY	- Handell					

F ATTENDING a

	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mental Hygier	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE TOOL OF THE PROPERTY OF THE PARTY OF THE	TO THE FUNERAL DIRECTOR: After this certil	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MONTH 07 EUAL E. MARION 8:19 PM 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 🗆 F MONTHS DAYS HOURS MIN. YRS 218-42-5485 01/12 MD 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL NORTH ARUNDEL HOSPITAL GLEN BURNIE, MARYLAND DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY 1 - YES 2X NO MD. Anne Arundel Pasadena FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8202 Waterford Road 21122 A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 X NO If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced White ETED. 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Building Construction 8th Grade Self-Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Tenard Marion

19a. INFORMANT'S NAME (Type/Print) Lillian Martin 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8202 Waterford Rd Sherry J. Marion Pasadena, Md. 20a. METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Metro Crematory, Catonsville, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home Junes 7. He 3204 Mountain Rd., Pasadena, Md. 21122 Frederick James Hackman Jr 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heert fellure. List only one cause on each line. interval Betwe Onset and Death IMMEDIATE CAUSE (Fine) diseese or condition_ Our dio Dul moned recuiting in death) CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗌 Num ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 28h TIME OF INJURY 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide e 🗌 Could not be COMPLETED 4 Homicide 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

7845 OAKWOOD ROAD GLEN BURNIE, MARYLAND 21061

Sula Dandon To Wally

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

M.D.

mo

29b. SIGNATURE AND TITLE OF CERTIFIES

31. DATE FILED (Month, Day, Year)

JUL 2 1990

DR. IRA E. KAPLAN

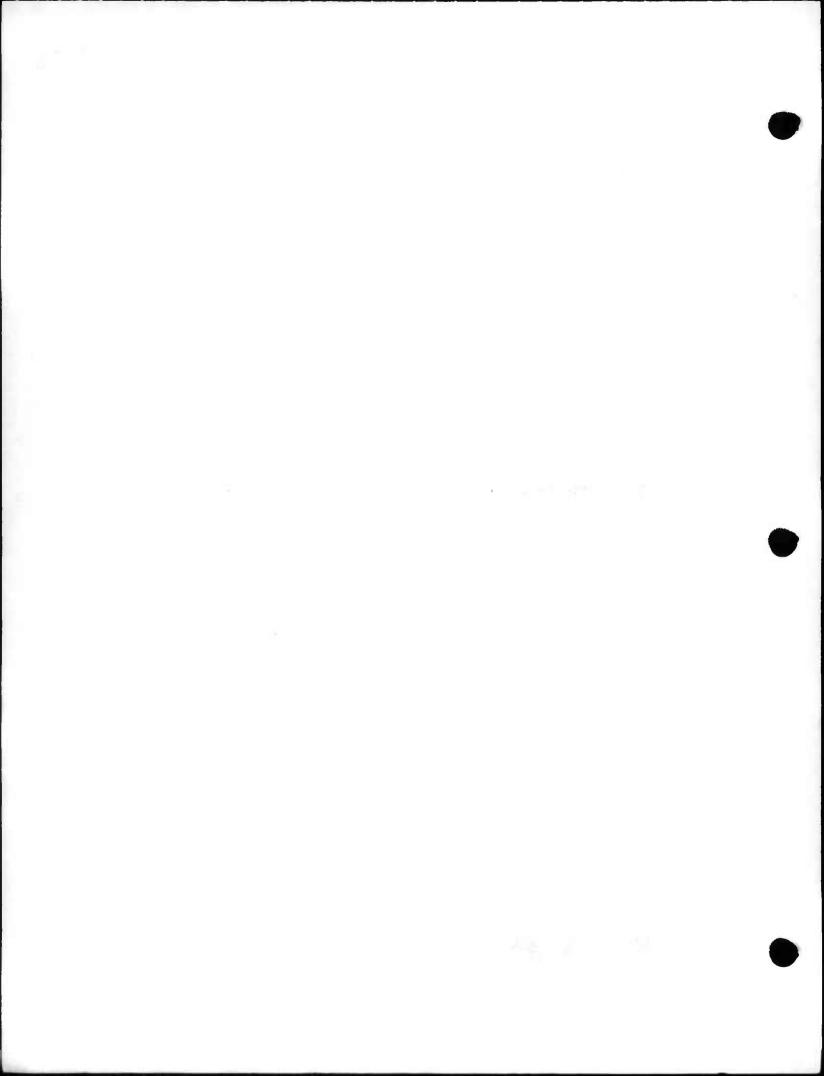
30. NAME AND ADDRESS

BE

2

29d. DATE SIGNED (Month, Day, Year)

20



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the total the text of the	BALLIMONE, MARTLAND	Jurs after death. Page 6 may be retained by the hor	ed in by the funeral director, page 5 should be detach or removal.	medical examiner must be notified at once.
000	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SS 44

2 4 1990

4300

N.	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)				ICATE	- 01	DLA			REG. NO		3.	TIME OF DEATH
		ecelia	Minks						MONT	ly 19,	1990	15.00	2:30 P
	4. SOCIAL SECURITY NUMBER 212-05-3763	8. SEX	6. AGE (In yrs. le:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS, MIN.	7. DATE (Monti	OF BIRTH 1, Day, Year)		Mary	CE (State or Foreign
ı	9a. FACILITY NAME (If not institution, give si	/\		-	9b. CITY	TOWN (OR LOCATI	ON OF DE	<u> </u>	0. 1,	9c. COUNT		
	Meridian Long							e Ci					
	RESIDENCE OF DECEDENT	- CCII				Ju 1 0	111101	- 01	<u> </u>				
	Maryland 106. COUNTY			10c. Ci1	Bal		re C	ity					d. INSIDE CITY LIMITS? YES 2 \(\text{NO}\)
	3900 N. Charles	St.					2121				10g. CITIZE	N OF WHA	T COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. AF 1 YES 2 XX WAR OR DATES	PMED NO		WAS DEC	ENDENT	OF HISPAN	n, Puerto	1? (Specify Yes Ricen, etc.)	or No— 1	Black, W	American Indian, hitm, atc.
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(0	ECEDENT'S Give kind of a. Do NOT u	USUAL O work done	CCUPATIO	ON ast of worki	ing	166	. KIND OF BU	I SINESS/INDUS		
	Elementary/Secondary (0-12) 12 Years	College (1-4 or 5	+)		viso	r	40 177				& E.		
	17. FATHER'S NAME (First, Middle, Lest) Lewis Minks							race	_ , ,	Middle, Melden eman	Surname)		
	Janice Raver									ber, City or Tow DDerco			55
	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)												
	Druid Ridge Cemetery Pikesville, Md. 21. SIGNATURE OF THE HALL SERVICE LICENSEE Admies F. Burniside, Jr. Druid Ridge Cemetery Pikesville, Md. 22. NAME AND ADDRESS OF FACULTY MITCHETT-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 21212												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.									Approximate Interval Between Onset and Deat			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due of Onse Dementics Onse Onse Onse Onse Onse Onse Onse Onse									Criset and Dean			
	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING												
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in daath) LAST												
	PERFORMED? 1 TYES 2 THO								ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF	DEATH (Ch	eck only o	ne)	_		
	1 TYES 2 DINO		☐ ER/Outpatient	3 🗆 DOA	4 GHO		ne 5 🗆 F	tasidence	8 🗆 Oth	er (Specify)			
	27. MANNED-OF DEATH 1 Natural 8 Pending 2 Accident investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til					28d. DE	SCRIBE HOW	NJURY OCCU	IRED	
- 11	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At h j, atc. (Specify)	ome, farm,	street, fac	tory, offic	en .		28f. LO	CATION (Street or Town, State	and Number o	r Rural Rou	te Number,
. 1	29a. CERTIFIER (Check only 1 © CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
	(Check only one) 2 MEDICAL EXAMINE												nd menner as stated

		1	1 - STATE REGISTRAR	STATE OF MA	AKYLAND C	/ DEPAR ERTIF	ICATE	OF H	EALIH AN DEATH	ID MEN	IAL HYGI REG.			
	. [1	1. DECEDENT'S NAME (First, Middle, Last)			1 4 2					TE OF DEAT			TIME OF DEATH
			Alverta C. Moon			18		T			7-	22-	90	//·// A .
			4. SOCIAL SECURITY NUMBER	5. SEX 1 ☐ M 2 📉 F	6. AGE (In yrs. i	last birthday) YRS.	IF UNDER	DAYS	HOURS MY	N. (M	onth, Day, Yea	r)	Country)	CE (State or Foreign
4	pino		216-54-5385 9a. FACILITY NAME (If not Institution, give str		81	1110	9b. CITY	TOWN O	R LOCATION O		2-20-0		Mary	
	3 should	E I									37			
	1, 2,	ECTOR	Harbor Hospital Center Baltimore City RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY											
		E				10c. CH		Ltimo						LIMITS?
	1		Maryland 106. STREET AND NUMBER				Da.		ZIP CODE			10g. CIT	IZEN OF WHAT	
	F. P.		2710 Georgetown R	oad					21230	0		U	.S.A.	
BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may be retained by the hospital or attending physician.	ad-fr	J.	11, MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	ARMED			ENDENT OF HI				14. RACE —	American Indian,
	e pri	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA		- NO			2X□ NO S		no mosi, etc	-,	Specify: Whi	
	as th		15. DECEDENT'S EDUC.		18a. I	DECEDENT'S	USUAL O	CCUPATIO	N .		18b, KIND OF	BUSINESS/IN		Le
120	or use	ETED.	(Specify only highest grade of Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)		(Give kind of He. Do NOT u	work done	during mos	st of working					
0 2	ched f	COMPL	Unknown			Home	emak	er			01	wn hom	e	
AN	detach		17. FATHER'S NAME (First, Middle, Last)									iden Surname)		
34	ed at	BE	John Wilson 19a. INFORMANT'S NAME (Type/Print)	• • •		105 MARI INC	ADDOES	S /Street o		ie Ye		Town, State, Zi	in Codel	
BALTIMORE, MARYLAND er death. Page 6 may be retained by the hosp	5 should	2	Joseph C. Briggs									, MD 2		
	page t pe		20s. METHOD OF DISPOSITION		20b. PLAC				netery, cremator				- City or Town,	Stata
	rector, p		1 N Burtel 2 Cremetion 3 Remo			stern						Baltim	ore, M	D
M S	esam. Pag tuneral dii l. examiner		21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE O	7				ard Fu			. Inc.		
3AL	exan		> gackie 1	W. Sh	ann	on							re, MD	21229
-			23. PARTO Enter the diseases, or co				not ante	tha mo	da of dying,	such aa	cardiac or r	eapiratory a	rest,	Approximata Interval Batween
	writin 24 hours upletely filled in the cremation, or re-		IMMEDIATE CALISE (Final				01	- 1						Onset and Daati
	7 E +		disease or condition reaulting in death)	Cara	-10 gB	nic	21	0010				····		
13146,	B 5 - 6	_	-	Card DUE TO (ru colia	(In	Carc	tion					
13	e be execute sician and carior to buria traumatic	5	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE O	NF):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	8 5 4 .	CA	causa, Enter UNDERLYING CAUSE (Disease or Injury				_							
0.	ding physi dygiene pri r other t	E	that initiated evants resulting in death) LAST	OUE TO (OR AS A CONS	SEQUENCE O	IF):							İ
	E 5 - 0	CERTIFICATION												
RDS,	that the deam led by the attenth and Mental Fany injury, o	ICAL	PART II. Other significant conditions	contributing to	death but no	t resulting	In the u	nderlying	g cause give	n In Part		S AN AUTOPSY	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
OR	A 25 14	og				<u> </u>					1 🗆 🛚 🖽	ES 2 NO	OF	MPLETION OF CAUSE DEATH?
RECO	been sign tr. of Healt	MED	- 1/2011 01 0 10 0		<u> </u>								1 (YES 2 NO
1 3	as bept 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			_		26. PL	ACE OF DEAT	H (Check on	N one)		1	
VITAL	certificate the State the	SICI	EXAMINER? 1 ☐ YES 2 → NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:	e 5 🗆 Reside)		
T	PHYSICIAN: The this certificate his with the State Cirked, or Item	PHY	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY	28b. TII		28c. INJ				OW INJURY O	CCURED	
	After this of death with s marked,	BY F	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, 102.7		М		rES 2 N	0,				
O.	5 4 5 m		3 Suicida 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At Mc. (Specify)	home, farm,	street, fac	tory, offic	•		City or Town,		er or Rural Rout	e Number,
	OR ALTEN DIRECTOR: hours after item 28 is	E	20- CERTIFIER											
0	로 크 이 누	COMPLETE	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED											Notate as named by
	TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If		29b. SIGNATURE AND TITLE OF CERTIFIER		7.11		- at my	_p	29c. LICENS		wire pure		TE SIGNED (M	
	THE FIGURE	BE	275. SIGNALORE AND THE OF CENTIFIER	- XI	: (Kil	2 Rain			250. LICENS	THO		≥ 25G. DA	7 -2	2-00
1	2 2 3 3	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (e, Print)	0	/_	7 1	J		1 1	10
		- 11	2							rr 1 1		_ A	A 5	

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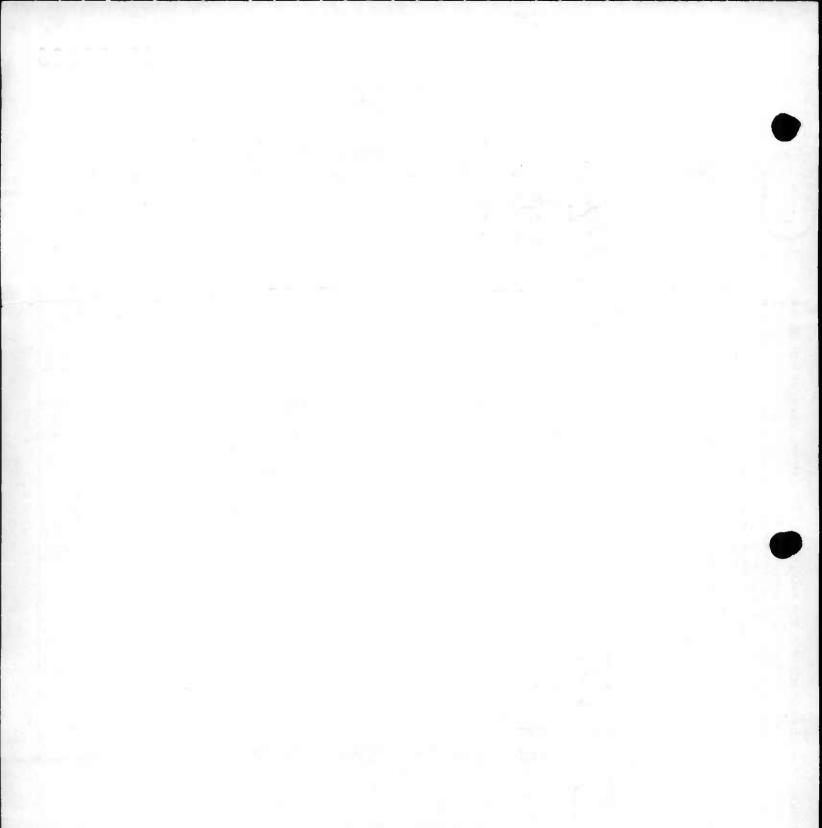
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Baltinone

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
ical examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
by the funeral director, page 5 should be detached moval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
after death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
DALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, T.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	ALE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH					
		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign					
	295-03-1426 1 M 2 DT 75 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) 12101/14 PENNSYLVANIA								
	9a. FACILITY NAME (If not institution, give street and number) 9b.	CITY, TOWN OR LOCATION OF OR	HŢA	BC. COUNTY OF OEATN					
DIRECTOR	BON SECOURS Extended Care Pacility RESIDENCE OF DECEDENT	Ellicoff C	ity 1	Howard Co.					
M	10a. STATE 10b. COUNTY 10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY					
E I	MD. HOWARD COUNTY COLU		LIMITS?						
4	10e. STREET AND NUMBER	101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	5034 DORHAM ROAD	21044		U.S.A.					
5	11. MARITAL STATUS 1 □ Never Merried 2 ☑ Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 ☑ NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics	HC ORIGIN? (Specify Yea or in, Puerto Rican, etc.)	r No 14. RACE American Indian, Black, White, atc.					
B⊀	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TES 2 NO Specif		Specify: White					
유	15. DECEDENT'S EDUCATION 18a, DECEDENT'S USU	JAL OCCUPATION	16b. KIND OF BUSIN	IESS/INDUSTRY					
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5+) (Give kind of work life, Do NOT use rel	done during most of working tired.)							
OM	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Maiden Su	mame)					
	Joseph Bazich	Ampl	10	Mirt					
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADI	DRESS (Street and Number or Rural	Route Number, City or Town.						
2			riodic Hambol, only or form,	0.000					
	20a. METHOD OF DISPOSITION 1	ON (Name of cemetery, crematory or	20c. LOCA	TION — City or Town, State					
	4 X Donation 5 Other (Specify)								
	21. SIGNATURE OF FUN. RAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CILITY						
	mount N Melle 724-90	State Anato	omv Board	Balto., Md.					
	23. PART I. Enter the diseases, or complications that caused the death. Do not								
	ahock, or heart failure. List only one cause on each line.	entar tha moda or dying, aud	n aa cardiac or reapira	tory arrest, Approximata Interval Between					
	IMMEDIATE CAUSE (Final			Onset and Death					
	disease or condition - indentify in death)			2 years					
	DUE TO (OR AS A CONSEQUENCE OF):								
2									
5 1	Sequentially list conditions, Meany leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
\simeq 1	If any leading to immediate	If any, leading to immediate cause. Enter UNDERLYING							
ATIC	if any, leading to immediate								
FICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury								
TIFICATION	ramy, teading to immediate cause. Enter UNDERLYING								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events c. OUE TO (OR AS A CONSEQUENCE OF):								
L CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events c. OUE TO (OR AS A CONSEQUENCE OF):	he underlying cause given in							
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the		PERFORM	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE					
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

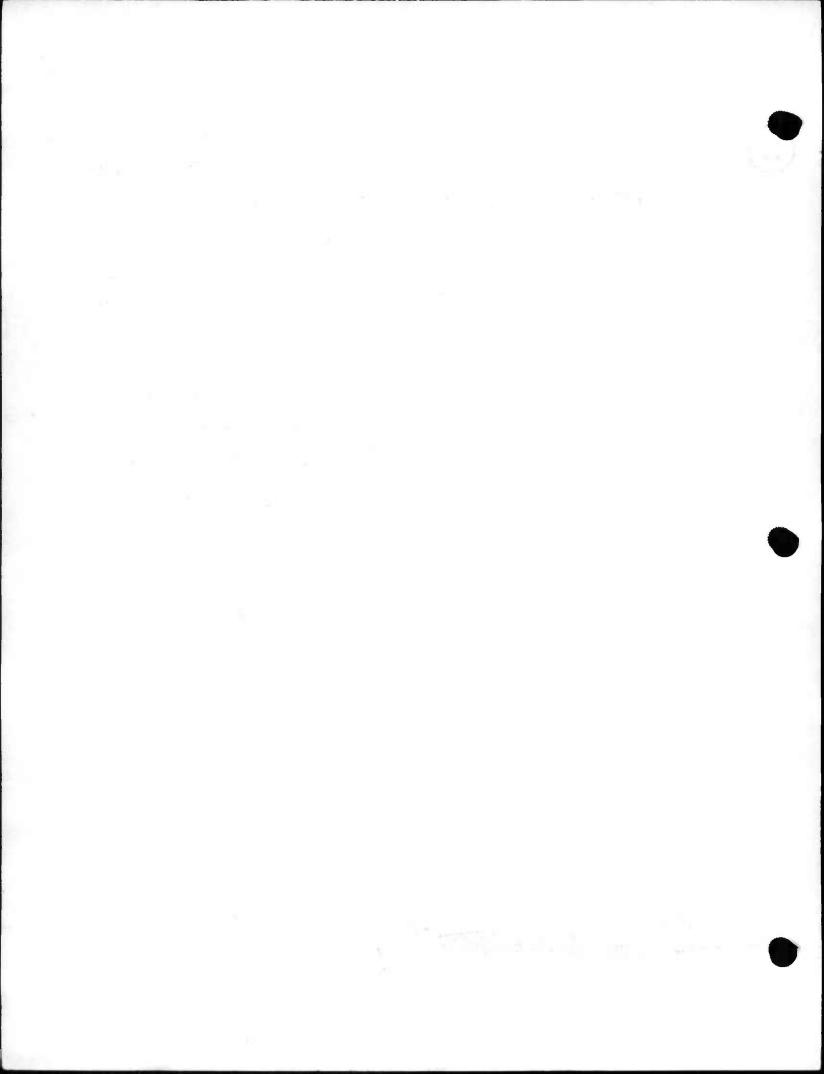
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

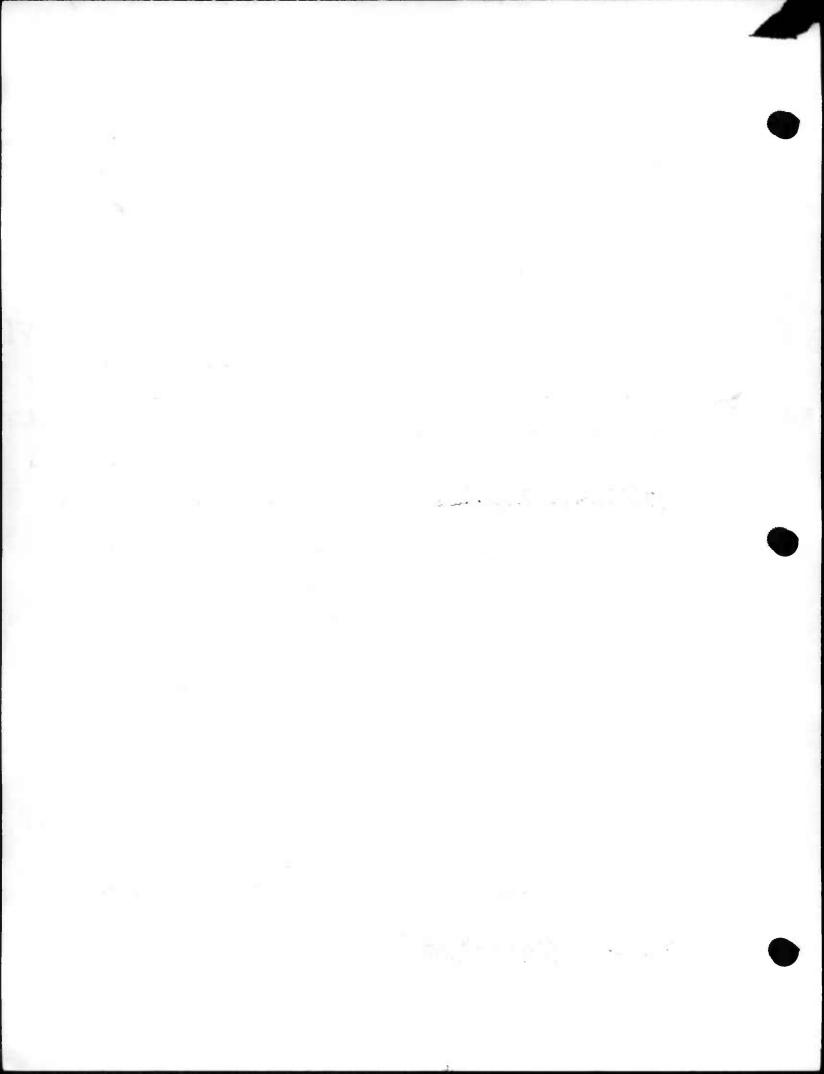
	1. DECEDENT'S NAME (First, Middle, Lost) A A A A A A A A A A A A A A A A A A A								
	4, SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country) YRS. MONTHS DAYS HOURS MIN. HOURS MIN. HOURS MIN. ON THE COUNTRY MONTHS COUNTRY MONTHS DAYS HOURS MIN. HOURS MIN. HOURS MIN. MONTHS DAYS HOURS MIN. MONTHS DAYS HOURS MIN. HOURS MI								
	99. FACILITY NAME (If not institution, give street and number) 99. CTY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH								
R O	SINAI BOSPITAL BALTIMORE								
딥	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY								
DIRECTOR	Md Baltimore 1 D YES 2 NO								
FUNERAL	100. STREET AND NUMBER 4920 Chalqrue Ave 101. ZIP CODE 2/2/5 109. CITIZEN OF WHAT COUNTRY? 1.5. A								
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. — 14. RACE — American Indian.								
BY FL	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Block, White, etc. Specify:								
윤	15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)								
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maldee, Surname) [N1 Lain Manns, Sr [N Uginia Johnson								
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	200. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of commetter), cremetary, cre								
	Other place) King Memoral Park Randalls town Md								
	21. SIGNATURE OF FLINT RAL SERVICE LICENSEE 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West Licensee 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/22. NAME AND ADDRESS OF FACILITY West 1/23. NAME AND ADDRESS OF FACILITY West 1/24. NAME								
	23. PART I. Enter the diaeases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory strest, Approximate								
	shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death								
	disease or condition								
z	1 iver Dicese								
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): ESOPHAGERIZING								
CERTIFICATION	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):								
Ë	resulting in death) LAST								
	PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY PREFORMED? AMALABLE PRIOR TO								
MEDICAL	1 YES 2 NO COMPLETION OF CAUSE OF GEATH?								
	1 TES 2 NO								
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)								
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF NJURY AT WORK? WORK? M 1 YES 2 NO								
ED BY	2 Accident Investigation 3 Suicide 6 Could not be Suicide, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Fown, State) 28f. LOCATION (Street and Number or Rural Route Number of City or Fown, State)								
ETE	4 Homicide determined								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated.								
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								
TO E	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)								
	ROBERT ROLY 2435 W. Reluedere Ave Batt. MD21215								
	111 0 1 1000 Livia Laurdson-Pandell								

DHMH-18 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nurs after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	be med writin for routs after death with the state debt, or regain any mental hyperic prior to correst, consecuent, or convex. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
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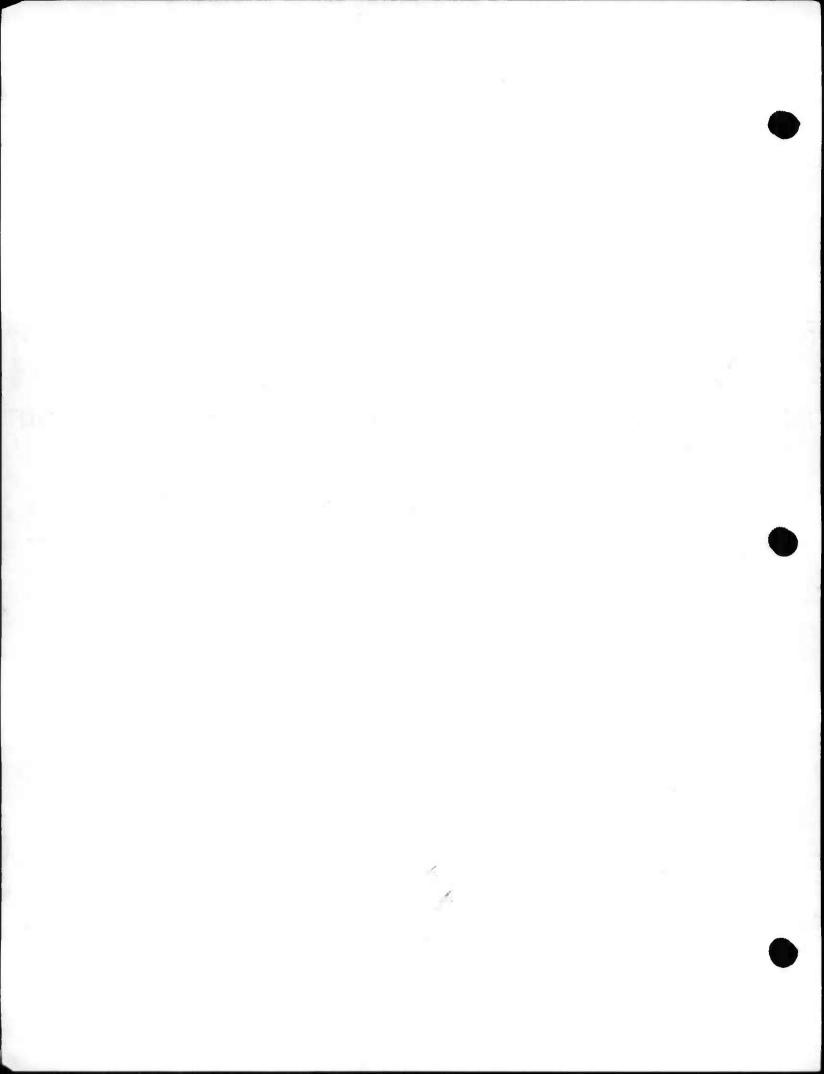
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Emil	Joseph		Jr.		2. DATE OF DEATH DAY July 20,	1990	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER 215-03-2656	1 🖾 M 2 🗆 F	83 YRS. MOI	UNDER 1 YEAR ITHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) DEC. 8, 19	06 M	ARYLAND	
20	98. FACILITY NAME (# not institution, give street and number) 539 Cambria Street RESIDENCE OF DECEMENT				imore	TN	City	county of death	
DINECTOR				10c. CITY, TOWN OR LOCATION Baltimore City				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
UNERAL	100. STREET AND NUMBER 539 Cambria Street			101. ZIP CODE 21225			10g. CITIZEN OF U.S	wnat country? . A.	
מו רטו	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced			ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, epecify Cuben, Maxican, Puarto Rican, sic.) 1 YES 2 NO Specify: Specify					
Telepo	(Specify only highest grade Elementary/Secondary (0-12)	The state of the s			during moet of working				
	12 17. FATNER'S NAME (First, Middle, Lest) EMIL J. MAYER, S	NO R	TANK CAR	INSPE		E (First, Middle, Malden S		CO.	
0,1	19a. INFORMANT'S NAME (Type/Print) MR. DOUGLAS CAS			SOPHIE (UNKNOWN) DE MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17600 MILLCREEK DRIVE DERWOOD, MD, 208					
	20e. METHOD OF DISPOSITION 1 Sp Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)				20c. LOC	DC. LOCATION — City or Town, Stata ELKRIDGE MD.			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Shake	10-	Singl		eral Home	Glen Bu	rnie. Md.	
RIFICATION								Approximate Interval Between Onset and Death	
MEDICAL CE	PART II. Other significant condition	out not resulting in t	ng in the underlying cause given in Part I. 24a. WAS PERF			MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
DI PRIS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	e 5 Rasidence 6 URY AT RK? /ES 2 NO	3 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED		
	2 Acceptable 3 Suicide 6 Could not be building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)						I Route Number,		
COMPLEIED	Corroon only	a to the cause(a) and manner as stated. a time, data and placa, and dus to the cause(a) and manner as stated.							
O DE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. SIGNATURE AND TITLE OF CERTIFIER 298. SIGNATURE AND TITLE OF CERTIFIER 298. SIGNATURE AND TITLE OF CERTIFIER 299. SIGNATURE AND TITLE OF CERTIFIER								
	Gerard Lowder, N		spital Cer		altimore	, Maryland			
	JUL 2. 4. 1990	Julia Davidson-V	andre						



FFED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICAT	E OF	DEATH		REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DAY YEAR 3. TI			3. TIME OF DEAT	1			
ĺ	William	C. Mat			tusky				90	6:00 P.	М	
OR	4. SOCIAL SECURITY NUMBER 212-01-2078	6. SEX 6. A	GE (in yrs. last birthday) 78 YRS.	IF UHDE MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF (Month, D 03	BIRTH 26	12	Count	IPLACE (State or For ARYLAND	eign
	University Hos	9a. FACILITY NAME (If not Institution, give street and number) University Hospital - STU		96. CITY, TOWN OR LOCATION OF DE Baltimore				9c. COU	NTY OF C	EATH		
RECI	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY								16d. INSIDE CITY LIMITS?			
	MARYLAND 10s. STREET AND NUMBER		BALTIMORE 101, ZIP CODE							1 X YES 2 WHAT COUNTRY?	NO	
FUNERAL DIRECTOR		3753 KESWICK ROAD			2121			1			SA	
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced	I IF YES, GIVE WAR OR		S 277NO If yes, spec		ENDENT OF HISPANIC ORIGIN? (Specify Ye ecify Cuben, Mexican, Puerto Rican, etc.) 2 NO Specify:			ea or No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE		n,	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	S USUAL (OCCUPATIO	ON asi of worldna	16b. K	IND OF BUS	SINESS/INC	DUSTRY		
	Elamentary/Secondary (0-12) UNKNOWN	College (1-4 or 6+)	Ilfe. Do NOT u	use retired.	REPA			SELF-	EMPL	OYED		
5	17. FATHER'S NAME (First, Middle, Last) EMERIC						E (Firs), Middle, Melden Sumeme) ELIA KEYSER					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Ros				Route Number,	Poute Number, City or Town, State, Zip Code)				
2	CAROLE SNYDE	1207 W. 42ND STREET				T, BALTIMORE, MARYLAND 2121			11			
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) DULANEY VALLEY MEMORIAL				GDNS		CATION —		ARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LI	£ 0	A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTIMORE, MD. 21211									
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
		d								20112		
DICAL	PART II. Other significent conditions contributing to deeth but n Hypertensive Arteriosclerotic						PERFORMED?		24	b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF O OF DEATH?	TO	
PHYSICIAN: ME		INSI					INSPE	CTIC	NC	1 NES 2	40	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL 28. PLACE OF DEATH (Check only one)										
Sic	1)XXVES 2 □ NO	HOSPITAL: 1 Management 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)										
	27, MANNER OF DEATH 1 Netural 6 Pending investigation	28a. DATE OF INJU (Month, Day, Ye 7-14-90	JRY 28b. Ti	IME OF NJURY M	28c. IN W	JURY AT ORK? YES 2XXNO	subje	Ct I	ell c	out_c	of Chair	
red BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	JURY — At home, farm, street, factory, office (Specify)		281. LOCATION (Street and Number or Rural Route Number. City or Town, State) 3753 Keswick Rd., Balto.,			Floute Number,	/d.				
E	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of the knowledge death occurred at the time date and the set of the second of the knowledge death occurred at the time date and the second of the s											
COMPLETED	(Check only one) MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as started.											
BE	296. SIGNATURE AND HYTE OF CERTIFIER			29c. LICENSE NO						NGNED (Month, Day, Year) 7–22–90		
5	Ann M. Dixon				Penn	St., Bal	lto	Md.	2120)1	,	
1				1	- OIMI	Jee, Da	/	- 100				
	JUL 2 = 1990	fulle Davidson	Mariano									



BALLIMORE, MARTLAND	rours after death. Page 6 may be retained by the harm	d in by the funeral director, page 5 should be detactive or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the home	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	1.			DATE OF DEATH	/ YEAR	3. TIME OF DEATH		
		CE NORMAN			July 22		11:09 p.M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthde	MONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	(Month, Day, Year)	8. BIRT Coun			
	213-09-9791 D 1 M 2 K F 9a. FACILITY NAME (if not institution, give street and number)	72 YRS		R LOCATION OF DEAT	03-30-18 H	9c. COUNTY OF	Maryland DEATH		
6 R	St. Agnes Hospital Baltimore City								
DIRECTOR	10a. STATE 10b. COUNTY	CITY, TOWN OR LOCATI				10d. INSIDE CITY LIMITS?			
	Maryland	Baltimore				1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1105 Bayard Street	101.	101. ZIP CODE 21223			WHAT COUNTRY?			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y If yes, specify Cuban, Mexican, Puerto Rican, atc.)			E — American Indian, ck, White, etc.		
BY F		1 YES 2 NO	1 TYES	offy: White					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	T'S USUAL OCCUPATIO		16b. KIND OF BUS	INESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 9 rh.	Min Do MO	T use retired.)		Manufac	sturing			
N.	17. FATHER'S NAME (First, Middle, Last)	101	Manufacturing 16. MOTHER'S NAME (First, Middle, Meiden Surname)						
ВСС	William F. Widmyer			Grace Mary Shettle					
TO B	19e. INFORMANT'S NAME (Type/Print)		ING ADORESS (Street ar						
۴	Leroy Widmyer	110.			Baltimore,		1223		
	1 Burial 2 Cremation 3 Removal from State Donation 5 Other (Specify)	other place)	POSITION (Name of com National (Ltimore,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME AN	O AOORESS OF FACIL					
	* Kaymor of Feler	sen					, Md. 21229		
	23. PART Light the diseases, or complications to book, or heart failure. List only one	hat caused the death. D	o not antar the mod	de of dyling, such a	as cardiac or reapir	ratory arreat,	Approximate interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) B. Due TO for AS A CONSEQUENCE OF):						Onset and Daeth		
	reaulting in death)	TO (OR AS A CONSEQUENCE	E OF):	burnon	~~	_	7-18-90		
Z	Sequentially list conditions, b.	Ovavian	Cancer				7-22-90		
ATIC	if any, leading to immediate cause. Enter UNDERLYING	UVO GENET	E OF):						
CERTIFICATION	thet initiated events	TO (OR AS A CONSEQUENCE	E OF):						
ERI	resulting in death) LAST								
AP.	PART II. Other significant conditions contributing	to death but not resulting	ng in the underlying	cause given in Pa	ert i. 24a. WAS AN		b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC					1 YES 2	× NO	COMPLETION OF CAUSE OF DEATH?		
W.					-		1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Check	k only one)				
YSIC	1 YES 2 NO 1 Inpetient	ER/Outpatient 3 DO		e 5 🗆 Realdenca 8					
	1) Natural 5 Pending (Month	OF INJURY , Day, Year)		URY AT 2 RK? (ES 2 NO	8d. DESCRIBE HOW IF	NJURY OCCURED			
D BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)						reet and Number or Rural Route Number, State)		
ETED	4 Homicide determined								
COMPLET	29a. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	-0		29c. LICENSE NUMB	ER	1	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	10		A	a. 11-				
	St. Agree 31. DATE FILED (Month, Day, Year) 32. REGIS	TRAR'S SIGNATURE	900 cont	on one	150 171	more	MD.		
		idson-Randelle	8						

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, La	ist)				2. DATE OF DEATH		3. TIME OF DEATH
Newgoner, Clar	rence S. NI	EWCOMER			MONTH DA	2 196	10 2:00 Am
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. B	HRTHPLACE (State or Foreign
705-05-2028	1XIXM2□F 8	34 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year))6 °	VIRGINIA
9a. FACILITY NAME (If not institution, gi	ive street and number)	98	. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	
Union Memori	ial Hospital		Balt	imore Ci	tv		
RESIDENCE OF DECEDENT							
10a. STATE 10b. COU	JNTY	10c. CITY, T	OWN OR LOCAT				10d. INSIDE CITY LIMITS?
MARYLAND				IMORE			1 X YES 2 NO
10e. STREET AND NUMBER	4 KESWICK ROAI)	101	2121	1		OF WHAT COUNTRY? USA
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED			IC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	or No— 14. I	RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			2 X NO Specify			specify: white
15. DECEDENT'S E (Specify only highest g	EDUCATION rade completed)	16a. DECEDENT'S USI			16b. KIND OF BUS	BINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)	•	1		
6TH		PIPE FI	TTER				
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)	
UNKNOWN					NKNOWN		
19a. INFORMANT'S NAME (Type/Print)	COVED				SALTIMORE,		
THELMA M. NEW							
20a. METHOD OF DISPOSITION 1 Souriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	Ramoval from Stata	b. PLACE OF DISPOSITION Of their place) ST. MARY S	CEMETI	ERY (HAMP	DEN) BAI	CATION — CHY	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			ND ADDRESS OF FAC		TED AT II	OME
1 Male	en Deals	Sh			Z, JR. FUR AVENUE, BA		
23. PART I. Enter the diseases,	or complications that cause	d the death. Do not					
shock, or heert failu IMMEDIATE CAUSE (Finel	ire. List only one ceuse on						Intervel Between Onset and Deeth
disease Dr condition	Dechir	atory	, fa	itule			3 hours
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF		- 4			
	- End &	a consequence of a	CO	PD			
Sequentielly liet conditions, if eny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	.0.				
cause, Enter UNDERLYING CAUSE (Disesse or injury	COX	MAMOR	1000				
that initieted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
resulting in deeth) LAST	d						
PART II. Other significant condi	Itions contributing to death	but not resulting in t	the underlyin	g ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
HIO Th	y rord t	10 dute			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					t 🗆 YES 2	Z NO	OF DEATH?
					_		1 🗆 YES 2
25. WAS CASE REFERRED TO MEDICA	AL		26. P	LACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:		THER:	ne 5 🗆 Residence	8 C Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C	OF 28c. IN.	JURY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED
1 Netural 5 Pending	(Month, Day, Year)	INJUR		ORK? YES 2 NO			
2 Accident investigate 3 Suicide 6 Could not	28a. PLACE OF INJUR	Y — At home, farm, stre	et, factory, offic	a .	281. LOCATION (Street		Tural Route Number,
4 Homicide determine					City or Town, State;		
one)	HYSICIAN: To the best of my kno MINER: On the besia of axaminat						use(s) and manner as stated.
			,				- Date of South Edition of the Control of the Control
296. SIGNATURE AND TITLE OF CERT	- Hus	This	17	29c. LICENSE NUI	MBER	DATE SIG	CAL 40
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF E						11-5-
ILEHNH G	HEOR 64	IJU M.	D. UN	11.0H	MEMO	RIAL	- 40 SP.

pital or attending physician.

Note the purial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be manife TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be man TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 miles filled within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

BALTIMORE, MARYLAND 21203-3146 SAMUEL

92/

COMPLETED BY FUNERAL DIRECTOR

CLARRENCE DIVISION OF VITAL RECORDS, P.O. BOX 13146, NEWCOMER

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JUL 2 4 1990

Julia Davidson-Rondell

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ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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H	0
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State [Item
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Dr. Marcus Wolff

31. DATE FILED (Month, Day, Year)
JUL 2 4 1990

	FOR	STATE OF I	MARYLAND /	DEDAG	TRACKT (E UEAI	TU AND	MENT	AL HYCIEN	E	90	201	J 9 2
	1 - STATE REGISTRAR	SIMIE UF I			ICATE (MENT	REG NO				
	1. DECEDENT'S NAME (First, Mid	idle, Last)			TOMIL	<u> </u>		2. DAT	E OF DEATH			3. TIME OF DEA	ATH
	Dear	William	OT	TC				MON		AY 10	990	7:35	a M
100	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	• =	IF UNDER 1 Y	EAR IF U	JNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	IPLACE (State or I	
	240 03 9550	1 M 2 F	81.	YAS.	MORTHS LA	ATS. NO.	Jest Wile.	Apı	ril 25	1909	Mie	higan	
	9a. FACILITY NAME (If not institu						CATION OF E	EATH		9c. COU	INTY OF D	EATH	
腾 등	Franklin S	q. Hospital			Ros	svil	le			Bal	timo	re Coun	ty
5	RESIDENCE OF DECE												
DIRECTOR	Maryland 100	Baltimore			iddle		r					10d. INSIDE CIT LIMITS? 1 YES 2	
	10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CIT	IZEN OF Y	VHAT COUNTRY?	
FUNERAL	1430 Shore R	d.					21220			-	USA		
X	11. MARITAL STATUS	12, WAS DECEDER	IT EVER IN U.S. AE	MED	13. WAS	B DECENDE	NT OF HISPA	NIC ORIG	IN? (Specify Ya	a or No —	14. RACE	E — American Inc	dlan,
BY FL	1 Never Married Mar Mar 3 Widowed 4 Divorced	rried FORCES?	YES 2 A	NO	If y	s, specify	Cuban, Mexic MO Spec	an, Puarte				k, White, etc.	
ED	15. DECEDE	NT'S EDUCATION	16a. DE	ECEDENT'S	USUAL OCCL	PATION		10	6b. KIND OF BU	SINESS/IN	DUSTRY	- 3	
	(Specify only hig Elementary/Secondary (0-12)	thest grade completed) College (1-4 or 5			work done duri se retired.)		working						
COMPLET	12	Conege (1-4 or 5	" I	ron	Worker				(onst	ruet:	ion	
O	17. FATHER'S NAME (First, Middle	s, Last)				18.	MOTHER'S N	AME (First	, Middle, Maider	Sumame)			
В	Nicho	las Otte				_ _	Hele	n Be	an				
TO B	19a. INFORMANT'S NAME (Type) Charles Ott	e, Son	19	b. MAILIN	ADDRESS (S	treet and No	umber or Rura Bal	Route Nu	mber, City or Tox	vn, State, Zi	p Code)		
	20a. METHOD OF DISPOSITION Burial 2 Cremetion Upper Superscript	3 🗌 Ramoval from Stata	20b. PLACE	of Dispo	of Fa	of cometery	crematory or Cemete	ry	Bal	cation -	City or To	own, State	
	29 SIGNATURE OF UNERAL SI			,	22. NA	ME AND AD	DDRESS OF F	ACILITY					
	Men	7/2	4		Br	uzdz:	inski	Fune	eral Ho	me P.	A		
	former	of the congress	7	-	14	07 E	asterr	Ave	Bal	to	Md.	21221	
	23. PART i. Enter the dieed ehock, or heer	esee, or complications the	ceused the de	eath. Do	not enter th	e mode o	of dying, eu	ch ee ca	ardiac or reap	iratory e	rest,	Approxi	mete Between
	IMMEDIATE CAUSE (Finel												nd Deeth
	disease or condition resulting in death)	. Ischem	ic Heart	, DIS	ease								
	resulting in death)	DUE TO	(OR AS A CONSE	QUENCE C	OF):				•				
2		Lorona	ry Arter	y Di	sease								
0	Sequentially flat condition if any, leading to immedia		(OR AS A CONSE	OUENCE C	OF):								
K	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE (DF):								
CERTIFICATION	reaulting in death) LAST	d											
2									T				
AL.	PART II. Other eignificent	conditione contributing to	deeth but not	resulting	in the unde	riying ca	use given i	n Part I.	24a. WAS A	RMED?	246	AMILABLE PRIC	R TO
MEDICAL									1 TYES	2 X NO		OF DEATH?	F CAUSE
E E												1 YES 2	NO
Z	25. WAS CASE REFERRED TO M	IEDICAL				26. PLACE	OF DEATH (C	check only	one)				
1 28	EXAMINER? 1 ☐ YES 2 🏋 NO	HOSPITAL:	☐ ER/Outpatient :	3 DOA	OTHER:	n Home 5	Realdence	. s □ or	ther (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE O		28b. TII		C. INJURY			ESCRIBE HOW	INJURY O	CCUREO		
	XX Naturel 5 Per	nding	Day, Year)	114	JURY	WORK?	2 NO						
BY	2 Accident	estigetion 28e Pt ACE	OF INJURY — At h	ome ferm				201 11	OCATION (Street	and Numbe	er or Burni	Bruta Number	
TED		ald not be building ermined	, atc. (Specify)	J. 12.111	- Street, 120107)	,, 011102			ity or Town, State		<i>y</i> 04 110101	ricolo (lambol,	
الإا	29a. CERTIFIER	ING PHYSICIAN: To the best of	d my knowledge 4	anth ass	read at the st-	date and	place and d	to to the	nauga/a) and	nnes en -1	etad		
COMPLET	(Orabba Oray	L EXAMINER: On the basis of										a) and manner or	Petate d
8		111	Z and/or	early at	, my opin								
BE	296. SIGNATURE AND TITLE OF	CERTUFIER		MA		290	LICENSE N				2/2/	(Month, Day, Yea	ır)

MD

MPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)
M.D. 9000 Franklin Square Drive Baltimore 21237

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Signature of the Control of the Cont .8 .. y i' gestelle est a recep-

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

10	7-30-9
	FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

HEGISTHAH		CENTIFIC	AIE OF	DEATH	HEG. NO),	
1. DECEDENT'S NAME (First, Middle, Last) PATRICK 01	LIVER PRICE		Price	e	2. DATE OF DEATH		3. TIME OF DEATH 1 2 3 3 3 1 N
4. SOCIAL SECURITY NUMBER 217 24 6431	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 5, 1	929	B. BIRTHPLACE (State or Foreign Country) Maryland
90. FACILITY NAME (If not institution, give Peninsula General	street and number) 1 Hospital		Salis	OR LOCATION OF DE			Y OF DEATH COMICO
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		10c. CITY, 1	TOWN OR LOCA				10d. INSIDE CITY LIMITS?
Maryland An:	ne Arundel		10	Pa. Of. ZIP CODE	sadena	10g. CITIZI	1 YES 2 X NO EN OF WHAT COUNTRY?
4 Sunset Circ				211			ed States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TO YES IF YES, GIVE WAR OR D KOTEAN	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexicar S 2 NO Specify		e or No—	14. RACE — American Indien, Black, White, atc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad	e completed)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	SUAL OCCUPATI k done during m etired.)	ION lost of working	16b. KIND OF BU	JSINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	General			Dist	ributi	on
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	AE (First, Middle, Maide		
Patrick		Pric	e	Grace	Ma	rie	Fowler
19e. INFORMANT'S NAME (Type/Print)					loute Number, City or To		
Regina D. Price					dena, Mar		21122
20e. METHOD OF DISPOSITION 1 1 2 Suriel 2 Cremation 3 Rer 4 Donetion 5 Other (Specify)	noval from State	b. PLACE OF DISPOSITI other place) Cedar		emetery, crematory or Cemetery			ore. MD
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		McCu		al Home o		dena Maryland 2
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OH AS)	A CONSEQUENCE OF): A CONSEQUENCE OF):	Herr	RUPT	URED STO	MACH	26
PART II. Other significant condition	ons contributing to deeth t	but not resulting in	the underlyle	ng cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS
					1 YES	2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (Ch	ick only one)		<u> </u>
EXAMINER?	HOSPITAL:		OTHER:	me 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (TY W	IJURY AT PORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCI	URED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — Al home, ferm, atro- ocify)	eet, factory, off	lce	28f. LOCATION (Stree City or Town, State		or Rural Route Number,
(Crieck Orlly	SICIAN: To the best of my know IER: On the beele of examination						d. ceuse(e) end menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUN	BER	29d. DATE	SIGNED (Month, Dey, Year)
DV. And Vew Fe	regart - 56	o River.		Drive of	£ A206		
31. DATE FILED (Month, Day, 1949)	34 REGISTRAR'S SIGN	nature n-Amphable					

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I		DEPAR ERTIF					MEN	ITAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. 0	DATE OF DEATH			3. TIME OF DEATH
	MARGARET S	SIMONSON	PATSCHK	E						7 20		90	4:20A M
	4. SOCIAL SECURITY NUMBER 215-42-7776	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS. MIN.	7. 0	DATE OF BIRTH Month, Day, Year) 10-28-04		a. BIRTI Count	HPLACE (State or Foreign try)
	9a. FACILITY NAME (If not institution, give si		0.5		Sh CITY	TOWAL	R I OCATI	ON OF DE	_	10-20-04		INTY OF D	
α	Augsburg Home	reot and numbery							EAIN				
5	RESIDENCE OF DECEDENT				Kai	iuai.	lsto	WII				Bait	imore
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Bal	.timore			y, town o								10d. INSIDE CITY LIMITS? 1 YES 2XX NO
7	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CI1	TIZEN OF	WNAT COUNTRY?
NER/	35 Murdock Roa							212				USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF I YES 2/0/U MAR OR DATES			If yes, sp	ENDENT (ecity Cubi 2XXNO	n, Maxica	ın, Pu	RIGIN? (Specify Yea arto Rican, etc.)	or No—	14. RAC Blac Spec	E — American Indian, ck, Whita, atc. chy: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	CEDENT'S live kind of . Do NOT u	work done se retired.)	during mo	ON st of world	ing		16b. KIND OF BUS		DUSTRY	
MP				HOI	nemal	cer				N/			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Carl O Simonson						16. MOT			First, Middle, Maiden a Daniel			
TO B	19a. INFORMANT'S NAME (Type/Print)									Number, City or Tow			
F	G. Carl Patschke								alt	timore,		_	
	20s_METHOD OF DISPOSITION 1 A 2 cremation 3 Rem	oval from State	20b. PLACE other pi	lace)					0				fown, Stata
	4 □ Donation S(□ Other (Specify) 21. SIGNATURE (Specify)	Lucy 1	A) Dur	aney	_			Clai			nerv	ille	, Maryland
	Dennis Ste	Laken	Kenai	Q_							650	0 Yo	ork Rd. 21212
	23. PART I. Entar the diseases, or can shock, or heart failure.	complications the	at caused the de	ath. Do	not antai	tha mo	da of dy	ing, auc	ch as	cardiac or resp	ratory a	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0	0	1	th		/		_				Onset and Dasth
	resulting in death)	DUE TO	O (OR AS A CONSE	OUENCE O		con	nho	CEL	7				sudden
NOI	Sequentially list conditions,	b	O (OR AS A CONSE	OUENCE C	F):								
CAT	if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury	с											
CERTIFICATION	thet initiated events resulting in death) LAST	oue To	OR AS A CONSE	OUENCE ()F):								
	DART II Other shouldings and disease		- d4b b-44		1				_				
CAL	PART II. Other algolificent condition	a contributing to	death but not	resulting	in tha u	nderiyin	g cause	given in	Part	I. 24a, WAS AN PERFOI		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI										1 TYES	- DAG-		OF DEATH?
Σ.				-									1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. P	ACE OF I	DEATH (Ch	hack o	nnly one)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpetient :	DOA	OTHE	B:				Other (Specify)			
Y PHYSICIAN: MEDIC	27. MANNER OF BEATH 1 Natural 5 Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M	WC	URY AT ORK? YES 2 [□ NO	280	I. DEȘCRIBE HOW	NJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE (OF INJURY — At he	ome, ferm,	street, fac	tory, offic	•		261	LOCATION (Street City or Town, State		er or Rumi	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE												(a) and manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE	R	1-				29c. LIC	ENSE NU	IMBER				(Month, Day, Year)

29d. OATE SIGNEO (Month, Day, Year)

7-20-50

296. SIGNATURE AND TITLE OF CERTIFIER

21208

7220 Pa

2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-recurs after death. Page 6 may be retained by the law requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	STATE REGISTRAR	SIMIL OF I	IAN I LAN	CERTIF			DEATH		REG. NO.	•		
1.0	OECEDENT'S NAME (First, Middle, Last)				D 4 D 1 4 7			2. DATE OF MONTH	DEATH DAY	,	YEAR	3. TIME OF OEATH
		and the large large	OUGLA		PARMI			7/21/	/90			7 10 pm M
4.	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH ny, Year)		Country	1)
	78099247	1 25 M 2 🗆 F	71	YRS.				5/24	/1919			YORK
	FACILITY NAME (If not institution, give at	treet and number)			9b. CITY,	TOWN C	R LOCATION OF O	EATH /	.,.,	9c. COUN	NTY OF DI	EATH
ē L	ST ACNES HOSD	TTAT.			بسل	BALT	TMORE					24.5
	e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TON				$\overline{}$	tod. tNSIDE CITY
<u>۳</u>												LIMITS? 1)(T) YES 2 NO
	STREET AND NUMBER	-			BALT	TA OF	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
	825 N. CHAPEL GA	TE LANE				1	21229			U	SA	
1 1	MARITAL STATUS XNever Merried 2 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES	2 NO	1	f yes, sp	ENDENT OF HISPAI acity Cuban, Mexica 2 NO Specifi	n, Puarlo Rica		or No—	Black	— American Indian, Whita, atc.
	15. DECEDENT'S EDUC (Specify only highest grade		16	Be. DECEDENT'S (Give kind of	USUAL OC	CCUPATIO	ON at of unreleine	18b. KII	ND OF BUS	INESS/IND	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		.llle. Do NOT u	se retired.)	uunny mo	st or worning					
ᅙ L	12			BOOKKEE	PER		1.00	INSU	JRANC	E CO	MPAN	Y
× 11	FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Midd	fle, Maiden :	Surname)		
	EON PARMELEE						KA	TE BE	RADLE	Y		
o ""	a. INFORMANT'S NAME (Type/Print)			202 11 12 17 1			nd Number or Rural					
111	ELVIN D. REEL JI						GATE LA	NE, BAI				
	a. METHOD OF OISPOSITION Buriet 2 N Cremation 3 Remo Donation 5 Other (Specify)	oval from State	20b. Pi	LACE OF DISPO	MATOI	ime of cer RY	netery, crematory or				City or To	wn, State , MD .
21.	SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	/				M. & RI		C. W	TT7.K	E FIII	NERAL HOMES
	sunda M.	Water	Ce		16	630	EDMONDSO	N AVEN	WE,C	ATON	SVIL	LE, MD.2122
di	shock, or heart failure. MMEDIATE CAUSE (Finel Isease or condition sesuiting in death)	. Heb	(OR AS A CI	ONSEQUENCE C		180	2				-	Interval Between Onset and Death
IFICATI	equentially list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury at initiated events esuiting in death) LAST	ID.	(OR AS A DI	e din onsequence	PF):							
	ART II. Other algolficant condition	s contributing to	deeth but	not reaulting	In the un	nderiyin	g ceuse given in	Part I. 24	In. WAS AN		24b.	. WERE AUTOPSY FINDINGS
P/									PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MED								_ '	TES 2	_ 110		OF DEATH? 1 YES 2 NO
¥ =	. WAS CASE REFERRED TO MEDICAL					26 0	ACE OF BEATH (C)	hank and ann)				
<u> </u>	EXAMINER?	HOSPITAL:	T EDIC		OTHER	R:	LACE OF DEATH (C)					
S = 27	MANNER OF DEATH	28a, DATE OF		28b. Til	-		URY AT	8 U Other (S		NJURY OC	CURED	
_	1 Natural 5 Pending 2 Accident investigation	(Month, L		th	JURY M		PRK?	2001 020011	ν	A		
	3 Suicide 4 Homicide 6 Could not be determined	28s. PLACE (building,	of INJURY — etc. (Specify)	At home, ferm,	street, fact	tory, offic		28t, LOCATION OF T	ON (Street s Town, State)	and Number	r or Rural F	Route Number,
COMPLETED	CERTIFIER (Check only one) 1 CERTIFYING PHYSIC C	CIAN: To the best of s										a) and manner ee stated.
H 29	SIGNATURE AND TITLE OF CERTIFIE	m.X	nodec	int Re	sche,	+	29c. LICENSE NU	MBER		29d. OAT	E SIGNEO	(Month, Day, Year) 2/-90
2 30	NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	SE OF DEAT		2014		A D 3 P 4 4 4 5 7				1	
	DATE EN ED MARTH DE VOR		المن الم		IMORE	۲, M	ARYLAND					
31.	DATE FILED (Month, Day, Yber)	Julia David	AR'S SIGNAT									
												DHMH-18 Rev 1//

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



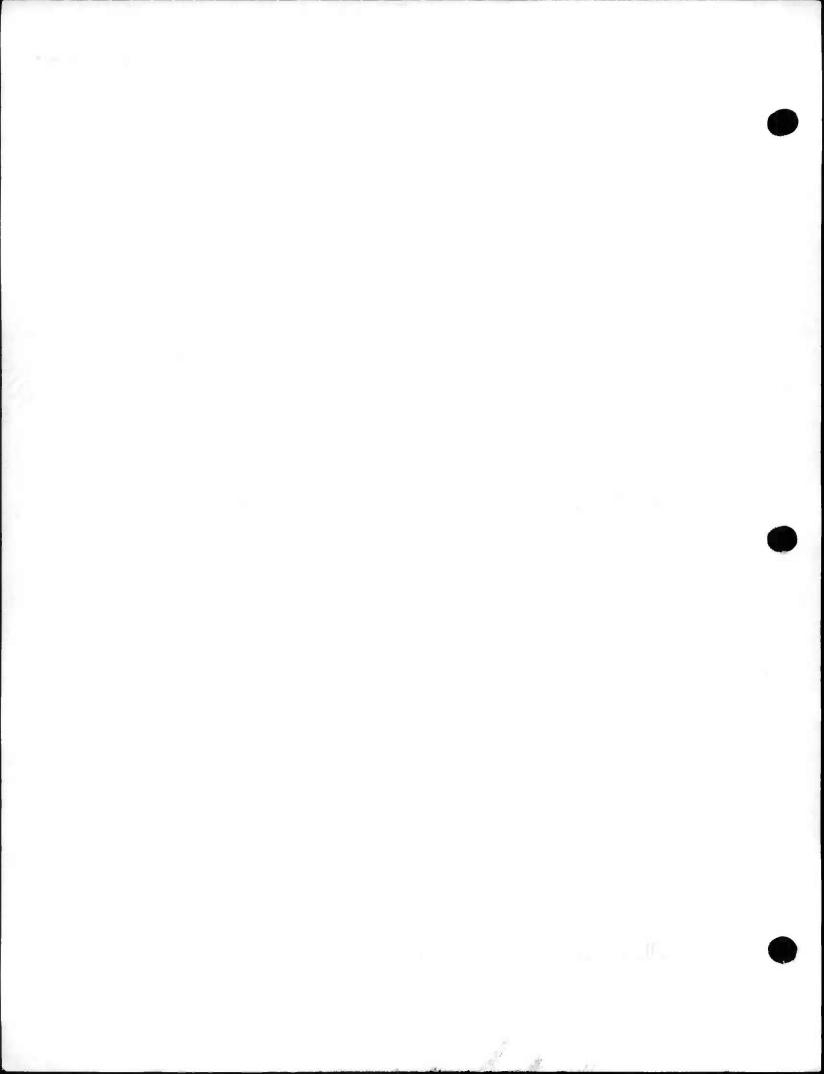
FOR

STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYCIENS

1 - STATE REGISTRAR			DIALE OF I	MAN I LA			ICATE (MENIN	REG. NO			
1. DECEDENT'S NAME (First,	, Middle, La	st)										OF DEATH	AY	WEAR	3. TIME OF DEATH
	AN	NA R	ICHTER								MONT		1990	YEAR	м
4. SOCIAL SECURITY NUME	BER	5.	SEX	6. AGE (/	n yrs. lest	birthday)	IF UNDER 1 Y		F UNDER		7. DATE	OF BIRTH			HPLACE (State or Foreign
212-28-43	67	1 (□M2gF	80	0	YRS.	MONTHS D	AYS H	OURS	MIN.	APR	h, Day, Year)	1910	Coun	MD.
9a. FACILITY NAME (If not in	natitution, gi	ve atreet	and number)				9b. CITY, TO	WN OR I	LOCATIO	ON OF DE	EATH		9c. CO	UNTY OF	DEATH
1713 NORT	HVIE	V RD						BA	LTI	MORE	C			$\mathbf{B}A$	ALTIMORE
RESIDENCE OF DEC															COMPUNITY.
10a. STATE	10b. COL		T. (0D T			10c. CIT	Y, TOWN OR L								10d. INSIDE CITY LIMITS?
MD.		3ALT	IMORE				BAL	TIM					_		1 TYES 2 TO NO
100. STREET AND NUMBER		VIEW	RD.					10f. ZI	P CODE	1234	ŀ		10g. Cl		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2	Married	12.	WAS DECEDEN FORCES? 1	YES	2-EN		If ye	es, specif	ly Cuba	n, Maxica	in, Puarto	N? (Specify Ye Rican, atc.)	a or No-	Blac	CE — American Indian, ck, White, etc.
3 ☑ Widowed 4 ☐ Divo			IF YES, GIVE V	WAR OR DA] YES 2	₩ мо	Specif					WHITE
15, DEC (Specify onl	EDENT'S ly highest g	rade com	pleted)		16a. DEG	ve kind of	work done duri se retired.)	IPATION ing most o	of workin	ng	16k	. KIND OF BL	ISINESS/IN	IDUSTRY	
Elementary/Secondary (6	0-12)		ollege (1-4 or 5	+)	nre.		OMEMAK					OWN	HOMI	Ξ	
17. FATHER'S NAME (First, M	fiddle, Lest)		HYZ	A				1	8. MOTI	HER'S NA	UNKN	Middle, Maidei IOWN	Surname)		
190. INFORMANT'S NAME ((S0	N)		19b		ADDRESS (S						vn, State, 2	(Ip Code)	47
20a. METHOD OF DISPOSIT				20b	PLACE	OF DISPO	SITION (Name	of cemete	ery, cren	natory or		20c. L	OCATION -	- City or 1	Town, Stata
1 💢 Burlel 2 🗆 Crematic 4 🗆 Donation 5 🗆 Other	r (Specify)				other pla	ARKW	OOD CE					В	ALTI	10RE	MD.
21. SIGNATURE OF PUNERU	SERVICE	LICENS	1	/			S		MUN	EK F	UNER	AL HO			4d. 21236
IMMEDIATE CAUSE (FI	neart fellu		only one car	use on a	ach Ilna		not antar th								Approximate interval Between Onset and Death
disease or condition resulting in deeth)	→	0	OUE TO	OR AS A	CONSE	MENCE C	OF):								m'nuta'
Sequentielly list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inji that initiated events resulting in death) LAS	riNG ury	b c		OR AS A				èric	SCI	loro	tic	Cond	io-	Vuscu	la years.
PART II. Other significa	ant cond	itions c	ontributing to	death b	out not r	esulting	in the unda	erlying o	ceuse	given in	Part I.	24e. WAS A PERFO	N AUTOPS	Y 24	6b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					-							1 🗆 YES	2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	TO MEDICA	_	0001711					26, PLAC	CE OF D	DEATH (C	heck only o	one)			
1 YES 2 NO			OSPITAL:	ER/Outs	patient 3	□ DOA	OTHER:	g Home	5 1 R	aaldence	6 🗆 Oth	er (Specify)			
	Pending Investigat	lon	28e. DATE Of (Month, I	F INJURY Day, Year)		26b. TII	JURY	8c. INJUR WORK 1 YES	(7	□ NO	26d. DE	SCRIBE HOW	INJURY C	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could no determine	be	28e. PLACE (OF INJURY , atc. (Spec	(— At ho	me, farm,	street, tectory	y, offica				CATION (Streety or Town, State		ber or Rura	I Route Number,
CONNECTION OF THE			N: To the best o												e(a) and manner as stated.
29b. SIGNATURE AND STOR	E OF CERT	IFIER	Jolge	in,	M	D.		2	Plant.	ENSE NU			29d. D		EO (Month, Day, Year) 24_1990
30. NAME AND ADDRESS (ATH (ITE	M 27) (Typ	. ,					1.1	2		
DR.	ATAO	LLAH	GOLPI	RA,			3029	DUN	DAL:	K AV	ENUE	#	212	12	
31. DATE FILEO (Month, Day	, Year)		32. REGISTR	AR'S SIGN	IATURE										

241990

Julia Savidson-Randase



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

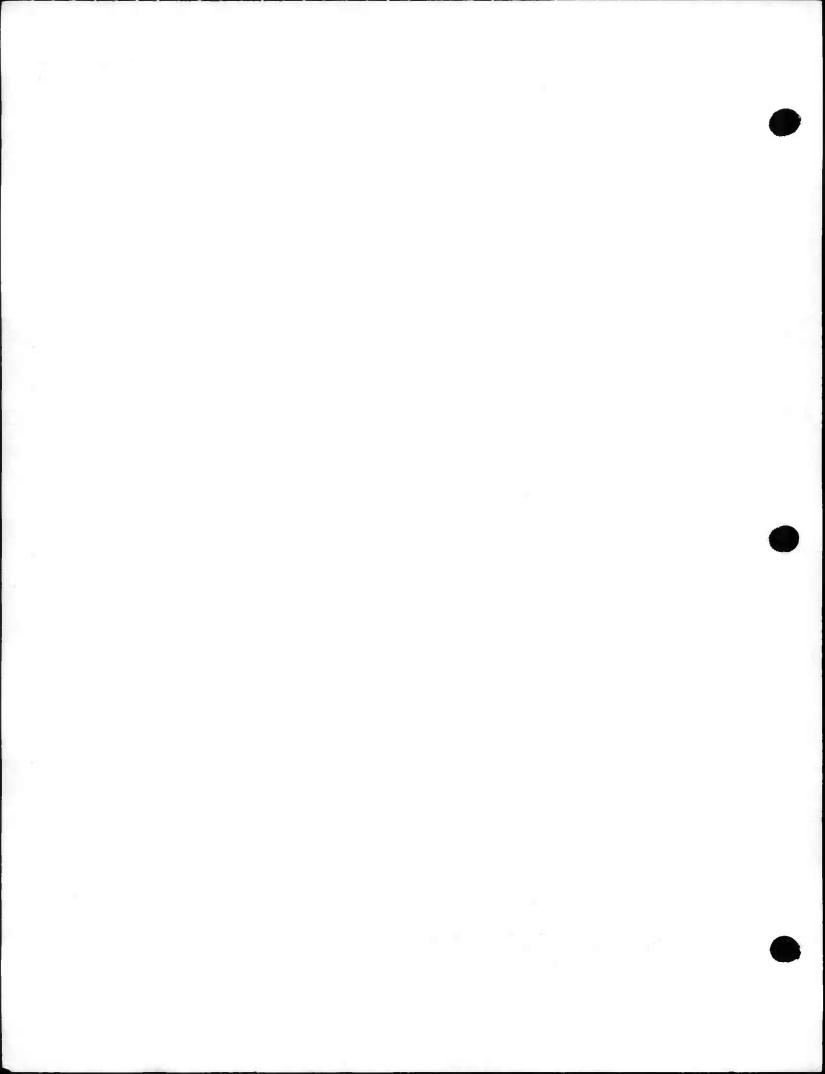
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		CERTIF	ICATE	: OF	DEAI	н		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH			3. TIME OF DEATH
MELODY LY	NN REVTY						JU	THY 22 DAY	990	YEAR	10 A11 M
4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER		IF UNDER			E OF BIRTH nth, Day, Ybar)		8. BIRTI Count	HPLACE (State or Foreign
214-84-9664	1 □ M 2 🔀 F 2	.7 yrs.	MONTHS	DAYS	HOURS	MIN.	OCI	23 19	962	Cours	MD.
9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY,	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF E	DEATH
295 S. PULASKI	STREET			BALT	IMOE	RE					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10e CIT	Y, TOWN O	OR LOCATA	ON						10d, INSIDE CITY
100		100. 011		TIMO							LIMITS?
10e, STREET AND NUMBER			.5111		ZIP CODI				10a CIT	IZEN OF	WHAT COUNTRY?
295 S. PULA	SKT STREET			1.0	212					J.S.	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	ILS ARMED	13. 5	WAS DECE			IC OBIG	IN? (Specify Yea			E American Indien,
1 Never Merried 2 Merried	FORCES? 1 YES	2 XNO			city Cube	n, Mexica	n, Puerte	Rican, etc.)		Blac	k, White, atc.
3 Widowed 4 Divorced	W 123, GIVE WAY ON DI	11 23		1 🔲 163	Z LANG	Specify				Space	WHITE
15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S	USUAL O	CCUPATIO	N of working	207	10	Bb. KIND OF BUS	INESS/IN	DUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT us	se retired.)		it or workir	9					
N/A	N/A	HOME	EMAKE	ER				OWI	I HOI	ME	
17. FATHER'S NAME (First, Middle, Last)	D HITTER			1	16. MOTI			, Middle, Melden			
MICHAEL WAYNE	REVTY							IE HECKI			
19a. INFORMANT'S NAME (Type/Print)								mber, City or Town			01.000
LAURINE ALT (M							, E	BALTIMOR			21223
20e. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Removed	ovat from State	other place)									own, State
4 Donation 5 Other (Specify)		PARKV		CEME				BA	LTI	MORE	MD.
100 X								L HOME	INC	•	
of guest	Lis		3	3331	Brek	ame I	ane	. Balti	more	о M	d. 21213
				,,,,	DICI	11115	20111	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 9 11	d: EI-IJ
23 PART I. Enter the diseases, or o	omplications that caused	tha death. Do i									Approximate
23/PART I. Enter the diseases, or c ahock, or haart failure. IMMEDIATE CAUSE (Final	List only one cause on a	ach ilna.	not antar	tha mod	da of dy	ing, suc	h as ce	erdiac or reapi			
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on a	ach ilna.	not antar	tha mod	da of dy	ing, suc	h as ce	erdiac or reapi			Approximate Interval Between
ahock, or haart fallure. IMMEDIATE CAUSE (Final	List only one cause on a	ach ilna.	not antar	tha mod	da of dy	ing, suc	h as ce	erdiac or reapi			Approximate Interval Between
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	List only one cause on a	ach ilna.	not antar	tha mod	da of dy	ing, suc	h as ce	erdiac or reapi			Approximate Interval Between
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediata	List only one cause on a	tha deeth. Do i ach ilna. CONSEQUENCE O	not antar	tha mod	da of dy	ing, suc	h as ce	erdiac or reapi			Approximate Interval Between
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE O	not antar	tha mod	da of dy	ing, suc	h as ce	erdiac or reapi			Approximate Interval Between
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A DUE TO (OR AS A	ach ilna.	not antar	tha mod	da of dy	ing, suc	h as ce	erdiac or reapi			Approximate Interval Between
shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE O	not antar	tha mod	da of dy	ing, suc	h as ce	erdiac or reapi			Approximate Interval Between
shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS A DUE TO (OR A DUE TO	CONSEQUENCE O	not antar	tha moo	da of dy	ing, suc	h as co	24e. WAS AN	AUTOPSY	rrest,	Approximate Interval Between Onset and Dasth
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR A DUE TO	CONSEQUENCE O	not antar	tha moo	da of dy	ing, suc	h as co	rdiac or reapi	AUTOPSY MED?	rrest,	Approximate Interval Between Onset and Dasth
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR A DUE TO	CONSEQUENCE O	not antar	tha moo	da of dy	ing, suc	h as co	24a. WAS AN PERFOR	AUTOPSY MED?	rrest,	Approximate Interval Between Onset and Dasth Approximate Interval Between Onset and Dasth Approximate Interval Between Onset and Dasth Approximate Interval Between Onset Interval Between Onset Interval Between Onset Interval Between Onset Interval Between In
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR A DUE TO	CONSEQUENCE O	not antar	tha moo	da of dy	ing, suc	h as co	24a. WAS AN PERFOR	AUTOPSY MED?	rrest,	Approximate Interval Between Onset and Dasth Approximate Interval Between Onset and Dasth Approximate Interval Between Onset and Dasth B. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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31. DATE FILED (Month, Day, Year) JUL 2 4 1990



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mains after death. Page 6 may be retained by the his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) Carl Julius Schmidt 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) FUNDER 1 YEAR FUNDER 24 MRS. 7. DATE OF DEATH MONTH (Morth, Day, Year) 9: 00 / 2 9: 00 / 2 9: 00 / 2 9: 00 / 3 9: 00 / 3 9: 00 / 4 8. BIRTIMPLACE (State or Fore Country) FUNDER 1 YEAR FUNDER 24 MRS. 7. DATE OF BIRTIM (Morth, Day, Year) 08 / 14 / 16 MD. 8. BIRTIMPLACE (State or Fore Country) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	A M
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4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthdey) 705-12-6661 1. M 2 F	io .
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Elementary/Secondary (0-12) College (1-4 or 5+) iffe. Do NOT use retired.)	
oul Grade Fressman Sun Fabers	
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surname)	
Charles J. Schmidt Lillian Skinner	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
Carl Frank Schmidt 1504 Riverside Avenue; Balto., Md. 2123	0
20c. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, State	
12 Cremetion 3 Removal from State Other place) Glen Haven Mem. Pk. Glen Burnie, Md	
21. SIGNATURE OF FUNERAL-SERVICE LICENSEE . 22. NAME AND ADDRESS OF FACILITY MCCULLY Funeral Hot	
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James Frederick Hackman Jr. 130 E. Fort Avenue; Balto., Md.	214
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	
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BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician.

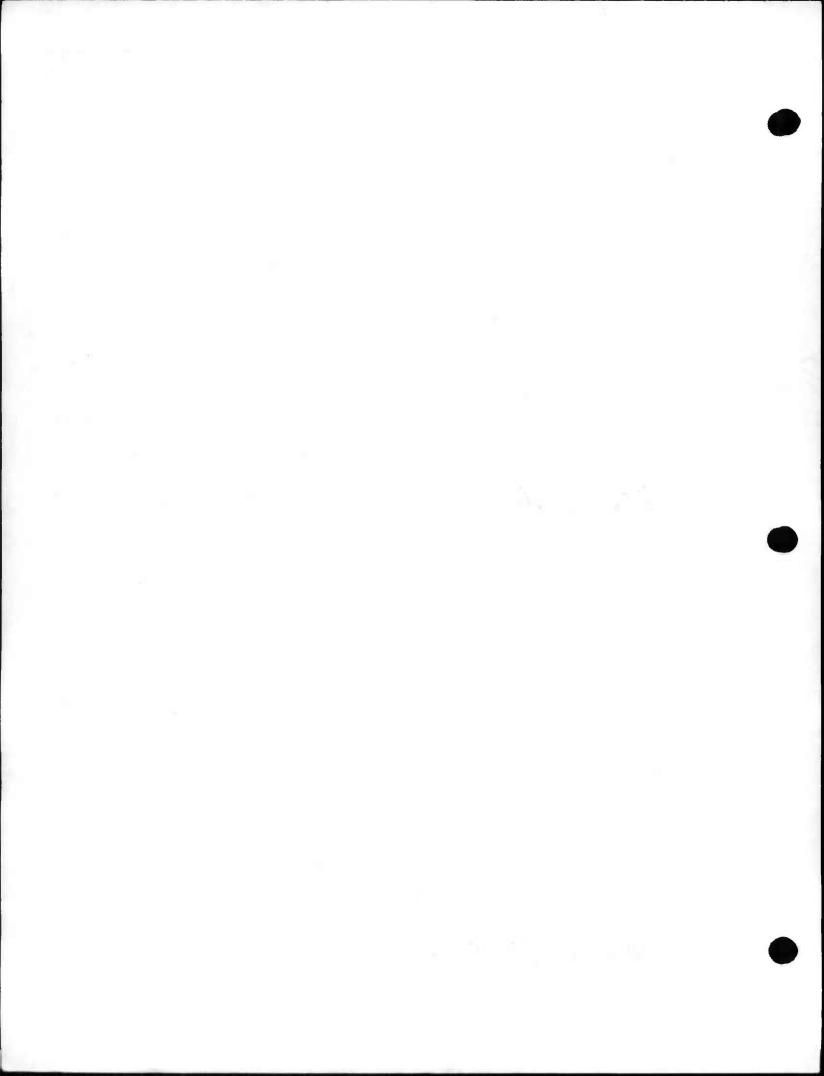
TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
	MITCHELL W	SETH				07 2	1 90	
	4. SOCIAL SECURITY NUMBER 212 42 1404	-	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) April 2,	6. BIF	RTHPLACE (State or Foreign intry)
	9e. FACILITY NAME (If not institution, give str		71	CITY TOWN	OR LOCATION OF DEA		9c. COUNTY OF	aryland
œ								
8	MORTH ARINDEL H	OSPITAL		ILEN	RURNIE	_MD	IANNE F	ARUNDEL
RE	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
BY FUNERAL DIRECTOR		ne Arundel				Pasadena		1 YES 2 XXNO
RAI	7806 Ducks Cove	Da		10	f. ZIP CODE 2112	2		F WHAT COUNTRY? States
NE	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	IIIS ADMED	12 144 6 DE		C ORIGIN? (Specify Ye	1	
F	1 Never Merried 2 Merried	FORCES? 1 TOYES		If yee, a	pecify Cuben, Mexican 3 2 X NO Specify:	Puerto Ricen, etc.)	Bi	ACE — American Indien, leck, White, etc. pecify:
	3 Widowed 4 Divorced	W.W.I	1160	1 10 16	a Mino Specify.		34	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATI	ON ost of working	16b. KIND OF BU	SINESS/INDUSTRY	r
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		tred.) Tricia:		IIn i t	d Ctata	s Gov't.
PA	6 17. FATHER'S NAME (First, Middle, Last)		Elect	LICIA		NE (First, Middle, Maider		S GOV L.
3	Frank	J.	Seth		Lau			Warner
B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	DRESS (Street		oute Number, City or Tov		
유	Marguerite J. Set	h	7806 I	Ducks	Cove Rd.,	Pasadena	, Maryla	nd 21122
	20e. METHOD OF DISPOSITION 1 Duriel 2XX Cremation 3 Remo	20t	PLACE OF DISPOSITION Other place)	ON (Name of co	metery, cremetory or	20c. L0	CATION - City or	Town, State
	4 Donation 5 Other (Specify)				ry, Inc.		Catonsvi	.11e, MD
	21. SIGNATURE OF FUNERAL SERVICE	ENSEE			ND ADDRESS OF FAC	ral Home	of Pasad	ena
	Storley	Lokum	~			n Rd., Pa		
	23. PART I. Enter the dissess, or o			antar ths m	ods of dying, such	as cardiac or resp	iratory arrest,	Approximate
	iMMEDIATE CAUSE (Finsi	List only ons cause on e			٨	,	3	Interval Between Onset and Death
	diseses or condition resulting in death)	Meta	stapic	G	chon	ra h	luer	
		DUE TO (OR AS A	Stapic CONSEQUENCE OF):	oh.	o In	-1100		
NO	Sequantisity list conditions,		CONSEQUENCE OF:	2//0	a o	THE CE		
CERTIFICATION	if any, isading to immediate cause. Enter UNDERLYING		abehe					
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):					
E	resulting in dasth) LAST	i	ASCIT	15				
	PART ii. Other significant condition	s contributing to death b	out not resulting in t	ha undariyi:	ng ceursa given in l			24b. WERE AUTOPSY FINDINGS
S	8	ed Ca	rei no	ma	1787a	1 □ YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	D	extres						OF DEATH? 1 YES 2 NO
2		1				_		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Che	ck only one)		
YSIC	1 TES 2 NO	1 Inputient 2 ER/Out		THER: Nursing Ho	me 5 🗆 Residence	6 Other (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	286. TIME O	Y W	JURY AT ORK?	28d. OESCRIBE HOW	INJURY OCCURED	•
B⊀	2 Accident Investigation	20 DI ACE OF IN HIM	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		YES 2 NO	204 1 00171011 (0)	and Minhala D	
ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	f — At home, farm, stre- city)	et, ractory, on	C9	28f. LOCATION (Street City or Town, State		rai Houte Number,
E	29a. CERTIFIER 11 CERTIFYINO PHYSI	Olani, To the best of our force						
COMPLETED	(Check only	CIAN: To the best of my know R: On the basis of examination						se(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		0		13c OCENSE NUM			NED (Month, Day, Year)
BE			9		D-16	+136	D 7/6	22190
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)		,	1	110
	DR. D. SAWHNEY	1600 CRA	IN HWY.	S.W.	GLEN BU	RNIE M	2106	5.1
	31. DATE FILED (Month, Day, Year)	Julia Davidso	ATUBE					
	JUL 241990	guna varios	n-Navioran					



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	1 - FOR STATE REGISTRAR	STATE OF MAR				EALTH AND DEATH	MEN	TAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	(CATHERI	NE DUNS	SON	SMI	TH)		ATE OF DEATH DAY		YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 244-66-6528		GE (In yrs. last birthday) 5 0 YRS.	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DA	TE OF BIRTH			LACE (State or Foreign
SR.	90. FACILITY NAME (If not institution, give st FRANCIS SCOT		SP.	9b. CITY		R LOCATION OF D		MD	9c. COU	NTY OF DE	ATH
RECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			TY, TOWN C			,			- 1	10d. INSIDE CITY
AL.DI	M D 100. STREET AND NUMBER		- B	ALIII		ZIP CODE		1	10g. CITI		1 YES 2 NO
UNER	5947 ST. REGIS	12 WAS DECEDENT EVE	R IN U.S. ARMED				NIC OR	IGIN? (Specify Yee		USA 14. RACE	American Indien, White, atc.
BY F	1 Never Merried 2 Nerried 3 Wildowed 4 Divorced	FORCES? 1 Y	R DATES ^		1 YES	2 NO Speci		rto Rican, atc.)			BLACK
COMPLETED BY FUNERAL DIRECTOR	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12) 1 2 t h		16e. DECEDENT' (Give kind o life. Do NOT	f work done use retired.)	during mo:			18b. KIND OF BUS	INESS/IND	DUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) IRIS SKEEN					KATH	IER		NAHC		
5		ITH	594	7 S	T. F	REGIS F			MORE	, MC	21206
r din	20e. METNOD OF DISPOSITION 1)(Burlet 2 Cremation 3 Remote 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		BALII M	ORE	CEM	ETERY		BAI		10RE,	n, State , MD.
	> Blades	Warre	<i>ـ</i> ـ			MARCH			01 E	. NF	RTH AVE.
	23. PART I. Enter the disesses, or of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause o	n each ilna.	TACIF			ch as	cerdlec or reepli	ratory en	reet,	Approximata interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, laading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): MYO CARDIAC 15 CHEMIA DUE TO (OR AS A CONSEQUENCE OF): CORD NARY ARTERY DZ OUE TO (OR AS A CONSEQUENCE OF):									2°	
CAL CE	PART II. Other significant condition	e contributing to dea	ETES M			ceuse given i	n Part	I. 24a. WAS AN PERFOR			WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO
	RENAL	FAILUPE					_	1 X YES 2	□ NO ·	- 1	COMPLETION OF CAUSE OF OEATH? 1 YES 2 XNO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 ☐ YES 2 ☑NO	HOSPITAL:	Outpatient 3 🗆 DOA	OTHE	R:	ACE OF DEATH (C					
У РНУ	27. MANNER OF DEATH 1 (XX) Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	1RY 26b. T	IME OF NJURY M	28c. INJ WO			DESCRIBE NOW II	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF IN- building, etc.	IURY — At home, ferm (Specify)	n, street, fec	tory, offic			LOCATION (Street a City or Town, State)	and Numbe	r or Rural R	oute Number,
COMPLETED	(Critical Orliny	CIAN: To the best of my in R: On the beele of examin									end menner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	W				JHH #/		3	29d. DAT	1 - 1	(Month, Day, Year)
	21101110	M	JOHN'S H		5 14	058 MAL		BALTIN	WRE		
	31. DATE FILED (Month, Day, Year) 111 2 4 1990	Janua David	SIGNATURE CON-PORTER	2,							

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEP CERT	ARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	n 50101
	1. DECEDED'S NAME (First, Middle, Lest)	Status		2. DATE OF DEATH MONTH - 23 - 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthd	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
8	9a. FACILITY NAME (It not institution, give st 4/36 FAILOR	reet end number)	BALTIMORE		OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	10c.	CITY, TOWN OR LOCATION	Crig	10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	~ P-2/	101. ZIP CODE	10g. CITIZER	1 PYES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 PNO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Market 1 YES 2 NO Specif	an, Puerto Rican, atc.)	RACE — American Indian, Black, White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give kind	IT'S USUAL OCCUPATION If of work done during most of working of use retired.) THE PAKER	166. KIND OF BUSINESS/INDUS	TRY
at once.	17. FATHER'S NAME (First, Middle, Last)	well		AME (First, Middle, Melden Surname)	
TO BE	199. INFORMANT'S NAME (Type/Print)	TATON 19b. MAII	ING AODRESS (Street and Number or Rural	Route Number, City or Town, Sete, Zip Co	21216
must be	20e. METHOD OF DISPOSITION 1		SPOSITION (Name of cemetery, crematory or	ARK BALTO	y or Town, State Co Mo
ехатіпег	21. SIGNATURE OF FUNERAL SERVICE LIC		21. NAME AND ADDRESS OF MESSELF AND AND ADDRESS OF MESSELF AND AND AND ADDRESS OF MESSELF AND ADDRESS A	uss FUNERAL	Home 1216
the medical	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	complications that ceused the death. I List only one cause on each line.	Oo not enter the mode of dying, such	ch as cerdiac or reapiratory stres	t, Approximate Interval Between Onset end Death
atic event, the ON	resulting in death)	OUE TO (OR AS A CONSEQUENCE OF THE CONTROL OF THE C	re op:	er.	
traumatic	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEQUENCE	mollitus		
or other	CAUSE (Disease or injury that initiated events resulting in death) LAST	d. DUE TO OR AS A CONSEQUENCE	EE OF):		
L C	PART II. Other significant condition	s contributing to death but not result	ing in the underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
1, or item 23 shows any it HYSICIAN: MEDICA				1 U YES 2 NO	OF OEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DO	26. PLACE OF DEATH (C		
D G	27. MANNER OF GEATH 1 Netural 6 Pending		TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED
m 28 is mar ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, to building, atc. (Specify)	erm, street, factory, office	28t. LOCATION (Street end Number or City or Town, State)	Rural Route Number,
	one)	ICIAN: To the best of my knowledge, death or			
B B	296. SIGNATURE AND TITLE OF CERTIFIE	elun)	29c. LICENSE NU D (83		SIGNED (Month, Day, Year)
T 0	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEATH (ITEM 27)		• 1	(
	31. DATE FILED (Month, Day, Year) JUL 2 4 1990	32. REGISTRAR'S SIGNATURE	b		

Contract of the desire of the second

BALTIMORE, MARYLAND 21203-3146

2 4 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last)						DEATH	1 2 24-	REG. NO	122/90) 1	3. TIME OF DEA	Tu
TAVIC-18	ALMA S	SAVIGNA	NO	- /	4		MON1		AY Y	EAR	1145	ih A
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 KF	6. AGE (In yrs. 93	lest birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)			NEW Y	oreign
90. FACILITY NAME (If not institution, give st HOWARD COUNTY G RESIDENCE OF DECEDENT				7		MBIA	DEATH		9c. COUNTY		OWARD	
10a. STATE 10b. COUNTY	OWARD	NDEL	10c. CI	LAU	R LOCAT		7				10d. INSIDE CIT LIMITS? 1 YES 2	_
3354 CRUMPTON SO	uth /	A AL			101	20724	4	-4	10g. CITIZEI		4:47 COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. YES 2 PAR OR DATES	ARMED NO	P P	f yes, sp	ENDENT OF HISP/ ecity Cuben, Mexic 2 X X4O Spec	an, Pue∩o		s or No— 14	Black Speci	— American Ind c, White, etc.	
15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +		DECEDENT'S (Give kind of life. Do NOT L	work done o	CUPATIO	ON st of working	16	b. KIND OF BU	SINESS/INDUS	TRY		
12	conege (1-y at a y		USEWI	FE	1			OWN	HOME			
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N		Middle, Malder	Surname)			
JOHN A. RATHGEBE	K		1				NNA		MEY			
19a. INFORMANT'S NAME (Type/Print) PETER KENNEDY						SOUTH ,					20724	
20g. METHOD OF DISPOSITION		20b. PLAC	CE OF DISPO	OSITION (Na	me of cer	netery, crematory or			CATION — CIT			-
1 X Burial 2 Cremation 3 Rem-	oval from State HOLY HOOD CEMETERY WESTBURY, I											
21. SIGNATURE OF FUNERAL SERVICE LIC	11	1		122.J	ROY	M. & RU	JSSEL	L C. W	ITZKE	FUN	VERAL HO)ME
IMMEDIATE CAUSE (Finel disease or condition	List only one cau	ise on asch ii	ine.			de of dying, eu	ich ss cei	rdlec or reep	iratory erres	it,	Approxin Interval I Onset ar	Betw
immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO		SEQUENCE (RRET OF): , 910	7	de of dying, eu	ich ss cei	rdiec or reep	iratory erres	st,	Interval	Betw
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO C. DUE TO d	GOR AS A CONSTITUTE OF AS A CONS	SEQUENCE (RRES OF): OF):	~ ✓	g cause given i	n Part I.	24a. WAS A			Interval I Onset ar	FINDING TO
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. DUE TO b. DUE TO c. DUE TO d.	GOR AS A CONSTITUTE OF AS A CONS	SEQUENCE (RRES OF): OF):	~ ✓	g cause given i	n Part I.	24a. WAS A	N AUTOPSY RMED?		Interval I	FINDING CAUS
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO C. DUE TO d. DUE TO	GOR AS A CONSTITUTE OF AS A CONS	SEQUENCE (RRESTOP): , 910 OF): OF): I in the un	oderfying D	g cause given i	n Part I.	24a. WAS AI PERFO	N AUTOPSY RMED?		Interval I Onset ar Onset ar WERE AUTOPSY AMAILABLE PRIO OF DEATH?	FINDIF TO CAUS
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO	DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	GOR AS A CONSTITUTE OF AS A CONS	SEQUENCE (PRESTOP): , 9 / 0 OF): In the un CAR OTHER 4 Num	26. Pi	g cause given i	n Part I.	24a. WAS AI PERPO	N AUTOPSY RMED? 2 □ NO	24b	Interval I Onset ar Onset ar WERE AUTOPSY AMAILABLE PRIO OF DEATH?	FINDII R TO CAUS
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31. DATE FILED (MONT) 24. 1990

1. OECEDENT'S NAME (First, Middle, Last) JOAN STARE					DEATH	2. DATE OF OEATN	DAY90	YEAR	8:40 pm
000001711	SEX O	3. AGE (In yrs. lest b	irthday) IF UI YRS. MONT	IDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	1939	6. BIRTI	NPLACE (State or Foreign ry)
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RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY OV	10c. CITY, TOV	TOWN OR LOCATION				10d. INSIDE (LIMITS? 1 XYES 2			
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17. FATHER'S NAME (First, Michie, Last)	e		.,,,,,		18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)		
19e. INFORMANT'S NAME (Type/Print)	gusov	196. (MAILING ADDI	RESS (Street	and Number or Rural	Route Number, City or To	own, State, Zip	Code)	(1
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	1 - STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT I		MENTAL HYGIENE REG. NO.		
		SEX G. AGE (In yrs. lust		111	2. DATE OF DEATH MONTH DAY 7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Cough	110
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FUNERAL	Box 58	1000		21088		451	7
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Midowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 WANT IF YES, GIVE WAR OR DATES	111	AS DECENDENT OF HISPAI rea, specify Cuban, Mexica YES 2 NO Specif	in, Puerto Rican, etc.)	or No— 14. RACE Blace Speci	E — American Indien, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCATIK (Specify only highest grade com Elementary/Secondary (0-12) Co	pleted) (Giv	EDENT'S USUAL OCC e kind of work done du po NOT use refired.) Demoy W	CUPATION ring most of working Black ORKELDER	Kee 186, KIND OF BUSI	O / M	oking
000	17. FATHER'S NAME (First, Middle, Last) William Grahan	n			ME (First, Middle, Meiden S Baugess	Surname)	
TOBE	19a. INFORMANT'S NAME (Type/Print) NUI'R	Sing Home 196	MAILING ADDRESS (Street and Number or Rural A+111 S+ M		, State, Zip Code) EKI MC	121102
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Removal 4 Donation 8 Other (Specify)	from State 20b. PLACE of other place SUSQUE	er disposition (Nemo	o of cometery, crematory or femorial (Sardens	York,	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	-		AME AND ADDRESS OF FA	CILITY 24 Sec	cond St	. 17349 w Freedom PA
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BY PHYS	1 VES 2 NO 1 (27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)		Rec. INJURY AT WORK? 1 YES 2 NO	8 U Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, factor	ry, office	281. LOCATION (Street e. City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	cool city	N: To the best of my knowledge, dee					s) and manner se stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER	Jun		DO 2	3 8 G	29d. DATE SIGNA	(Month, Fay, Year)
10	30. NAME AND ADDRESS OF PERSON WHO CO	MP	127) (Type, Print) 3 o	123 M ANCHO	ain St	Box5	002
	JUL 2 4 1990 July	32. REGISTRAR'S SIGNATURE Davidson-Randelle	-1				

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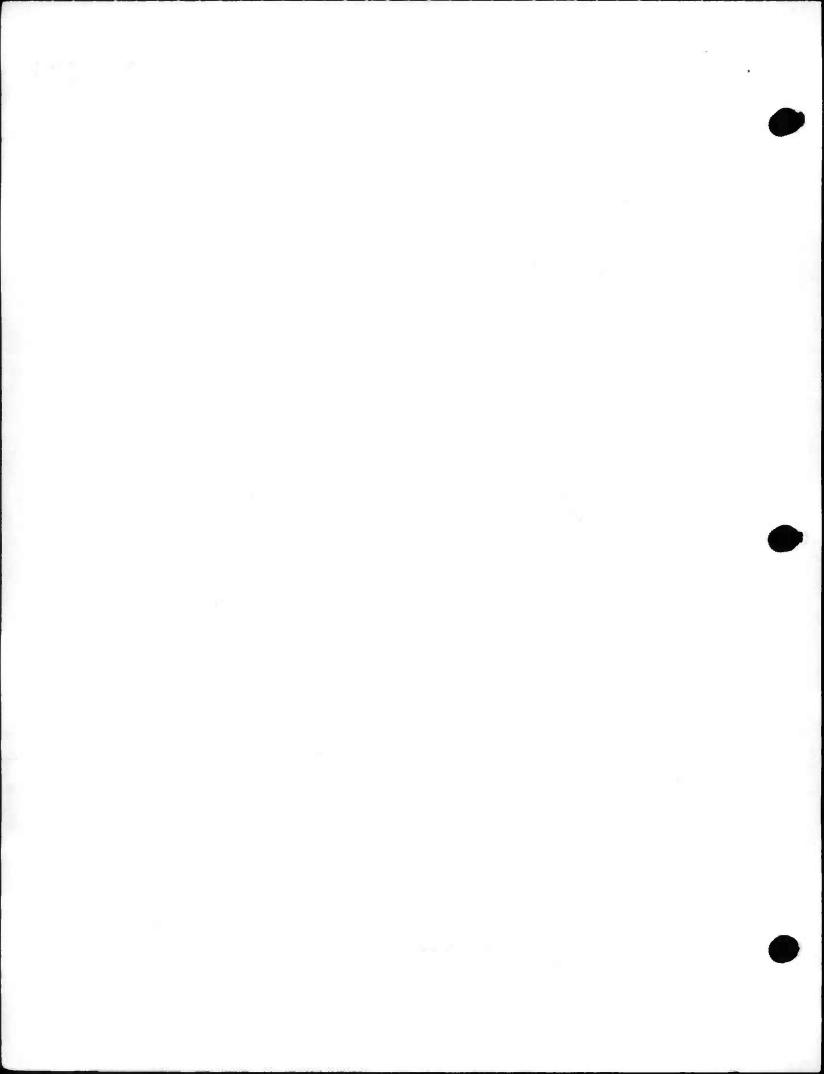
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH

1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JULY 22 1990 12:15 A. M RAYMOND G. WAHL 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8 BJETHPI ACE (State or Foreign OCT. 7 1904 MONTHS DAYS HOURS 213-03-7711 1 M 2 | F 85 MD. YRS 9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 90 COUNTY OF DEATH 4915 E. CHASE ST. BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE MD. 1 X YES 2 NO BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 4915 E. CHASE ST. 21205 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 TYPES 2 TO NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2X X Married 1 YES 2 XNO Specify 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) ROOFING SELF EMPLOYED N/A N/A 16. MOTHER'S NAME (First, Middle, Maiden Sumame) 17. FATHER'S NAME (First, Middle, Last) MARY UNKNOWN GEORGE WAHL 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4915~E.~CHASE~St.,~BALTIMORE,~MD . 19a. INFORMANT'S NAME (Type/Print) 21205 ELEANORA R. WAHL (WIFE) 20s_METHOD OF DISPOSITION
142 Burlal 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometers, cremetory or CHARPIACE) AWN CEMETERY 20c. LOCATION — City or Town, State BALTIMORE, MD. 22. NAME AND ADDRESS OF FACILITY
SCHIMUNEK FUNERAL HOME INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3331 Brehms Lane, Baltimore, Md. 21213 agene Tartne 23. PART I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such ee cerdiac or reepiratory srrest, ehock, or heert fellure. Liet only one cause on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): Cascinoma resulting in death) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 286. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Suicide 8 Could not be determined 4 Homicide 29a. CERTIFIER

Thank make 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 7/23/90 Carlaway, Rocerthal my D 31025 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BREHMS LANE MEDICAL CENTER CARLA ROSENTHAL 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 21203-3	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the has find within 72 hours after death with the State Dear, of Health and Mental Hydiene prior to burial, cremation, or removal.	
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COR	uires tha	Signed Health a	ws any
RE	law requ	as been lent, of	23 sho
MITA	AN: The	ificate h	r item
OF	PHYSICI	this cert	rked, o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SNIDING	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SIVIS	OR ATTE	DIRECTO	lem 28
	SPITAL	NERAL I	NT: If I
	THE HO	THE FUI	PORTA
	2	22	=

30. HAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

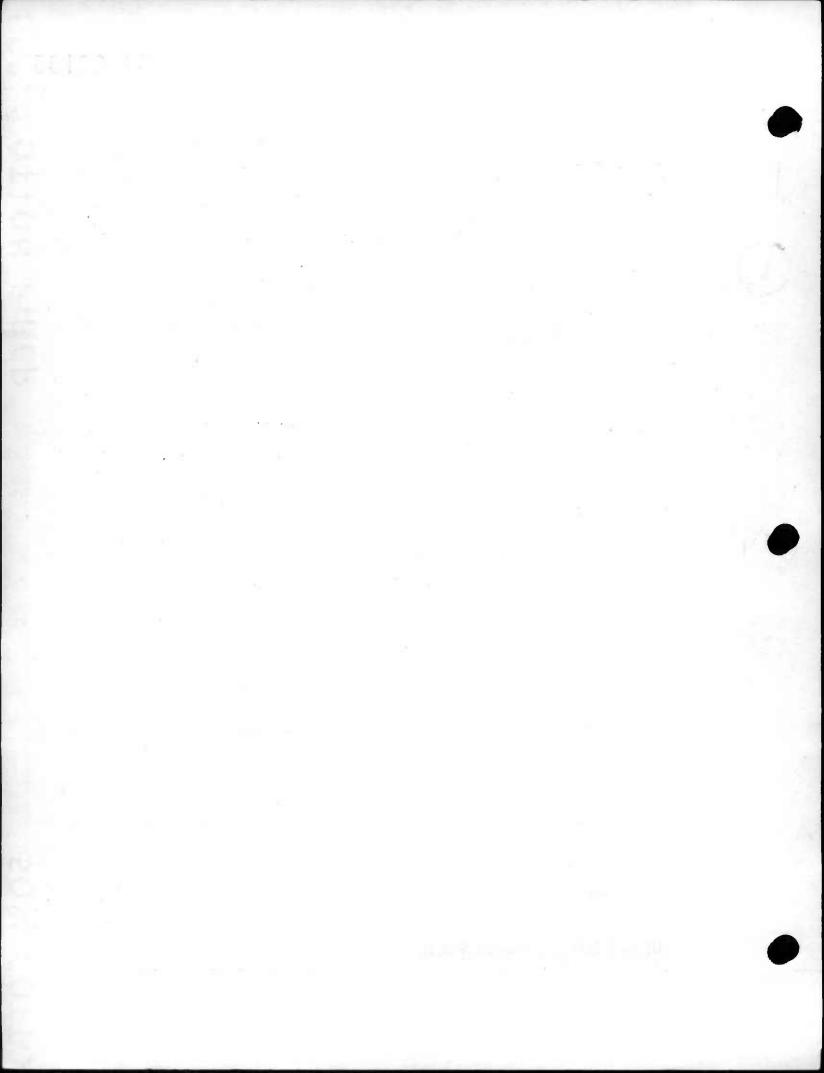
JUL 2 4 1990

32. REGISTRAR'S SIGNATURE

1. OECEDENT'S HAME (First, Middle, Last,	ER	01	No	PATE		2. DATE OF OEATH MONTH	9.3	YEAR 9 ()	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 217-52-9152	5. SEX	AGE (In yrs. Ins	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOUTIS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-6-49	(10)		IPLACE (State or Foreign	
9a. FACILITY HAME (If not institution, give 204 SEAGUL AVE	street and number)				OR LOCATION OF DE		9c. COU	INTY OF C	EATH	
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN MD	тү			Y, TOWN OR LOCAT	RE CITY				10d. INSIDE CITY LIMITS? 1 CPES 2 HO	
100. STREET AND HUMBER 204 SEAGUL AVI	ENUE			101	21225		IZEN OF	WHAT COUNTRY?		
11. MARITAL STATUS 1 ☐ Hever Married 2 ∰ Merried 3 ☐ Wildowed 4 ☐ Divorced	IF YES, GIVE WAR OR OATES			If yes, ap		NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—	Blac	RACE — American Indian, Black, White, etc. Specify: BLACK	
15. DECEDENT'S EDUCATIOH (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10th Grade			ECEDENT'S Give kind of v Do NOT us		DN st of working	Diamor	00.00			
17. FATHER'S NAME (First, Middle, Lest) $ALBERT$ W .				ME (First, Middle, Maide GREE						
19e. IHFORMANT'S HAME (Type/Print) Veronica Wit	ngate					Route Number, City or to ${}^\prime BALTIMOF$			21225	
20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)		inte 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) WESTERN STAR CEMETER					ocation —		LE, MD	
21. SIGNATURE OF FUHERAL SERVICE I	Warre	2		WM.C		F.H. 13			ORTH AVE	
23. PART I. Enter the diseases, or shock, or heart felium immEDIATE CAUSE (Final disease or condition resulting in death)	a. Liet only one ceus	a on each line	EPI	MALC		h se cerdlec or ree	piratory er	rreet,	Approximata interval Betwee Onset and De	
	· ACQ	OR AS A COHSE) [M	MUN	DEFIC	OM	とう)	
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death). I AST	с	OR AS A COHSE	OUEHCE O							
If sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c			F):			RMED?	24	D. WERE AUTOPSY FINOR AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
if sry, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the second	d	leeth but not	resulting	in the underlyin	g cause given in P LAST	PERFO	PRMED?		D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the conditions of the conditions of the cause of the c	d	ER/Outpetlent :	resulting	in the underlyin 28. P OTHER: ADDITION HE OF 28C. IN.	g cause given in LACE OF DEATH (C) THE S Residence JURY AT YES 2 HO	PERFO	INJURY OC	CCUREO	a. WERE AUTOPSY FINOR AMILIABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	

MOPKINS

DHMH-18 Rev 1/89



CTICOTE, MANIENTE ALEGGISTO	within 24 mours after death. Page 6 may be retained by the hospital or attending physical	mpletely filled in by the funeral director, page 5 should be detached for use as the buria cemation, or removal.	vent, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOX 13139,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training short death with the State Dent of Health and Mental Hotelee prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

JUL 24 1990

						9	0 20107
	1 - STATE OF MA REGISTRAR MARCELLA WILLIAMS	RYLAND / DEPA	RTMENT OF H	EALTH AND N	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	OLITTI	IOAIL OI	DEATH	2 DATE OF DEATH	,	3. TIME OF DEATH
1	MARCELLA	UliL	L. Am	2	JULY 21,	1990 ^{YE}	2:00 A. M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. 1 ☐ M 2 [X F	AGE (In yrs. last birthday, 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 22,	0.5	Country) ILLINOIS
	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATH
DIRECTOR	PIKESVILLE NURSING CENTER		PIKESVI	LLE		BAI	LTIMORE
E E	10e. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MARYLAND HOWARD 10e. STREET AND NUMBER	CO	LUMBIA				1 TYES 2 X NO
FUNERAL	5112 BRINTON COURT			ZIP CODE			of what country?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced 12. WAS DECEDENT E FORCES? 1 FORCES? 1 FYES, GIVE WAR	If yes, spe		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: WHITE	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind o	'S USUAL OCCUPATION f work done during mod		16b. KIND OF BUS	SINESS/INDUST	RY
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5 +) 1 2		use retired.)		NIGHT	CLUB	
OME	17. FATHER'S NAME (First, Middle, Last)	BRIBE	IIIII	18, MOTHER'S NA	ME (First, Middle, Meiden		
BE C	ADAM ZUBAVICE			MARCI	ELLA	12552	
TO B	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow		
	JOHN WILLIAMS 200. METHOD OF DISPOSITION		OSITION (Name of cen		OLUMBIA, M.	CATION - City	
	1 X Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	EMMANUEL					, MARYLAND
	21. SIGMATURE OF FUNESIAL SERVICE LICENSEE	the	LEROY		SSELL C. W		FUNERAL HOMES A, MD.21045
	23. PART I. Enter the diseases, or complications that can ahock, or heart failure. List only one cause		not entar the mo	da of dying, suc	h aa cardiac or reapi	ratory arrest	Approximata
	IMMEDIATE CALICE (Final		Cell Ca	enone	- Widespe metasta	end	Onset end Death
	DUE TO (O	R AS A CONSEQUENCE	OF: WITh	Brain	refasta	ar is	vell
CERTIFICATION	If any, leading to immediate	R AS A CONSEQUENCE	OF):				
음	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events C. DUE TO (0)	R AS A CONSEQUENCE	OF):				
E	resulting in death) LAST						
	PART II. Other aignificant conditions contributing to de	eath but not resultin	a in the underlyin	r cause given in	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	TAIT II. Ottor agrilloan outstand contributing to di	addi odi not regatini	y in the underlying	y cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES 2	I I NO	OF DEATH?
Ξ.					— I		
*	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		-	ACE OF DEATH (Ch	eck only one)		
YSIC		R/Outpatient 3 DOA	QTHER:	e 5 🗆 Reeldence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey,			URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF building, at	INJURY — At home, farm c. (Specify)	n, street, factory, offic	•	281, LOCATION (Street City or Town, State	and Number or i	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of axe						euse(a) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)
38 C	Kenned & Blue	k mp		D27	3679	> 7	21/90
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (7)		Conedo	N- C12	1.100	shill mo

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE UF MARY		ICATE			MENIAL	REG. NO.	E		
1. OECEDENT'S NAME (First, Middle, Last)	1000	7				2. DATE O	F OEATH			3. TIME OF DEATH
1	CHARLOTTE N	MELVINA W	OODSID	DΕ		МОНТН	Y 18		YEAR	1:20 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)			R 24 HRS.	7. DATE OF				PLACE (State or Foreign
143-03-1533	1 □ M 2 □XF	74 YRS.	MONTHS D	AYB HOURS	MIN.		28 19	16		JERSEY
9e. FACILITY NAME (If not institution, give si	reet end number)		9ь. СІТУ, ТО	WN OR LOCAT	ION OF D	EATH		9c. COU	NTY OF DE	ATH
NATIONAL NAVAL M	EDICAL CENTI	TER BETHESDA					MONTGOMERY			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
	NE ARUNDEL	100. 01			T-5				- 1	LIMITS?
10e. STREET AND NUMBER	NE AKUNDEL	ŀ	GLE	N BURN				10a CIT		1 YES 2 NO
615 CAROLYN ROA	n			20, 20, 44	.061					
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. W/M.S	OECENDENT	-	NIC ORIGIN?	(Specify Yes		_	STATES — American Indian,
1 Never Merried 2 Merried	FORCES? 1 YES	2 100	If ye	YES 2 X NO	an, Mexica	en, Puerlo Ric		0. 110	Black,	White, atc.
3 Widowed 4 Divorced	in tes, are the on	DHI CO	''	, rea r eaxio	Specif	7.			Specify	WHITE
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	S USUAL OCCU		lna	16b. R	IND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or S+)	ille. Do NOT u	use retired.)	ig most or work	9	AN	NE AR	UNDE	L CO.	PUBLIC
12 th	1 year	SCHOO	L TEAC	HER		SC	HOOL	SYST	EM	
17. FATHER'S NAME (First, Middle, Last)	Table 1			18. MO	HER'S NA	ME (First, Mic	ddie, Meiden	Sumeme)		
	MURRAY					LILLI				
19e. INFORMANT'S NAME (Type/Print)	25		G ADDRESS (S							
ROBERT B. WOODSI			CAROLY				7			
20e. METHOO OF DISPOSITION 1 XBuriel 2 Cremetion 3 Rem	oval from State	other place)							City or Tox	
4 Donetion 5 Other (Specify)		MEADOWRII		ME AND ADDR	The second second		JELKR	LIDGE	E, MAI	RYLAND
20 H	6/1			LETON			OME			
n. Nevere	Highin		1 SE	COND A	VE.	S.W.,	GLEN	BUR	NIE,	MD. 21061
23. PART I. Enter the diseases, or on the enter the diseases, or heart feiture.			not enter the	e mode of d	ring, euc	ch es cardie	ec or reepi	ratory e	rrest,	Approximete interval Between
IMMEDIATE CAUSE (Finei										Onset and Death
disease or condition resulting in deeth)		IC BREAS		INOMA						
	DUE TO (OR AS	A CONSEQUENCE	OF):							
Sequentielly liet conditions,	b. OHE TO (OR AS	A CONSEQUENCE (ne.							-
if any, leeding to immediate cause. Enter UNDERLYING	552 10 (011 74	X 00110E40E10E1	_/ .							į
CAUSE (Diseese or injury thet initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):							
resulting in deeth) LAST	d									
PART ii. Other significent condition	a contribution to doubt	hud not requisite	le Abeliande	dula di parrati	alone le	Dani I			Lan	WERE AUTOPSY FINDINGS
PART II. Other significent condition	e contributing to deeth	but not resulting	in the unde	nying cause	given in		PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 X YES 2	□ NO		DF DEATH?
						—				YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				00 DI 407 CT	DEATH CO	hank artis				
EXAMINER?	HOSPITAL:	Line a man	OTHER:	26. PLACE OF						
1 YES 2 NO 27. MANNER OF OEATH	1 X Inpatient 2 - ER/Ou 26e. DATE OF INJUR			Home S I I	Residence		(Specify)	N. HIRY O	CCURED	
1 X Natural S Pending	(Month, Day, Year		JURY	WORK?	□ NO	200. 5250	THE TOTAL		JOUNED	
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	RY — At home, farm.				28f, LOCAT	TION (Street a	and Numbe	er or Runsi R	oute Number.
4 Homicide 6 Could not be	building, etc. (S)	pecify)	,	,		City or	Town, State)			
29e. CERTIFIER 1 K CERTIEVING PHYS	ICIAN: To the best of my kno	uuladaa daab	mad at the th	date and state		a to the sec	o(e) cod =		edad.	
CONTROL OF THE CONTRO	R: On the besis of examinat) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	1				CENSE NU		,,			(Month, Day, Year)
RPn/	K un				5835				9 Ju	1 0.
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	DEATH (ITEM 27) (The	oe, Print)				MEDIC			
BRIAN P. MONAHA			and the	NATION BETHES	BA, N	M 20	814-5	011°	ENTER	
31. DATE FILED (Month, Day, Year) JUL 2 4 1990	22. REGISTRAR'S SIG	SNATURE	771							
III 0 / 1000	Stylia Davidson	-Handell								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physiciant. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

James Kaplan, MD

31. DATE FILED (Month, Day, Year)

JULZ 4 1990

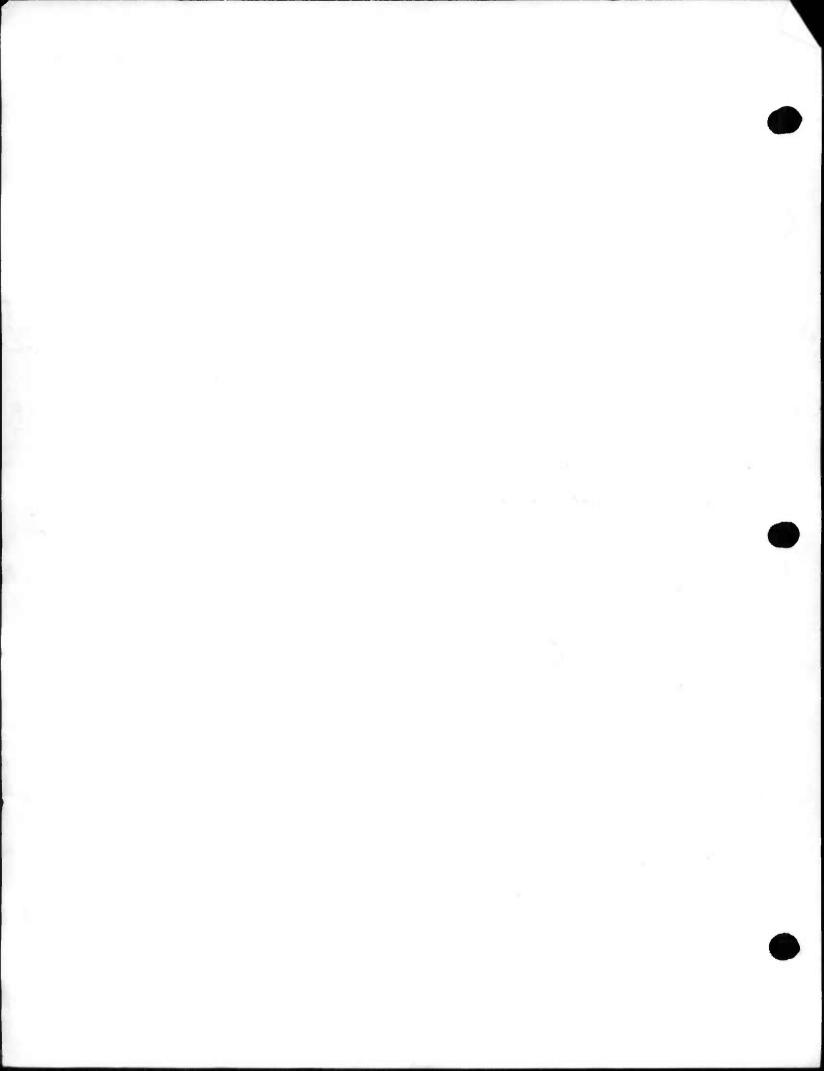
32. REGISTRAR'S SIGNATURE
Stukia Davidson-Randalle

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1314	executed
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9.	death
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mail
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OF	PHYSIC
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	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT ICATE				MENTAL	HYGIEN REG. NO.			2010
	1. DECEDENT'S NAME (First, Middle, Last)	mond			Yo	ung			2. DATE O	0-90	AY	YEAR	3. TIME OF DEATH 1:20PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	day) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF	BIRTH Day, Year)		S. BIRTH Countr	PLACE (State or Foreign	
	2 1 5 - 8 4 - 3 6 1 7 9a. FACILITY NAME (If not institution, give st		27	THS.	9b. CITY	TOWN C	R LOCATI	ON OF DE		/13/		MAR INTY OF D	YLAND
TOR	University Hospi	tal			В	alti	more	Cit	У			_	
JIREC	MD .	,	_		Y, TOWN C			-					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
JAL (10e. STREET AND NUMBER						. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
ED BY FUNERAL DIRECTOR	1234 N. LANVA 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC	12. WAS DECEDER FORCES? IF YES, GIVE V	AT EVER IN U.S. AR I YES 2 124 MAR OR DATES	CEDENT'S	USUAL O	If yee, apo	2 NO	Specify			or No—	Spec BL	— American Indien, k, White, etc.
COMPLETED	(Specify only highest grade	College (1-4 or 5	Ma	ive kind of . Do NOT u	work done (se retired.)	during mo	st of worki	ng					
	17. FATHER'S NAME (First, Middle, Last)		,				18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surneme)		
BE	ROBERT YOUNG 198. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORES	S (Street e			ICE Route Numbe			p Code)	
2	Sharon Howard	(sis							Vinns	_			29180
	1 Donation 5 Other (Specify)	ovel from State	20b. PLACE other pl	ace)	SITION (NE	ime or cer	пенегу, сте	natory or		206. LO	CATION -	City or 10	wn, suite
	21. SIGNATURE OF FUNERAL SERVICE LIC	111	7.3	4.90				nato		oard	і, в	alto	., Md.
	23. PART I. Enter the dieeses, or a shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications the	at csueed the de use on each line	eth. Do			de of dy	ring, suc	h es cerdi	ec or reep	Iratory e	rreet,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ERTI	that initieted evente resulting in deeth) LAST	d											_
MEDICAL	PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PREFORMEC? MAILABLE PRIOR TO OF DEATH? YES 2 NO 24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO OF DEATH? YES 2 NO								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:		-	s C Other				-
D BY	Naturel 5 Pending Accident Investigation Suicide S Could not be	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 7-10-90 10: 26AM 1							Route Number,				
COMPLETE	29e. CERTI ER (Cheel only Delta Certifying Physical Examinis			eath occur		time, date	end plac	e, end due	to the De	ltime	reyM	∰d.	s) end menner es stated.
BE CO	295. SIGNATURE AND LUTLE OF CERTIFIE							CENSE NU	MBER		1000	TE SIGNE) (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)								

DHMH-1S Rev 1/89

111 Penn Street, Baltimore, MD 21201



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	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should provide	7	F. Hillem 28 is marked or Ham 23 shows any injury or other traumatic event, the medical examiner must be notified at once

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC				YGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)	AR_	AT	KING		2. DATE OF MONTH	DEATH DAY	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 229 44 2799	8. SEX 6. AGE	" Printer	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Do		Coun	HPLACE (State or Foreign try) rginia
90. FACILITY NAME (If not institution, give Union Memoria		91	Balti	RLOCATION OF DE MORE Cit	EATH CY	9c.	COUNTY OF	DEATH
RESIDENCE OF DECEDENT								Towns and a second
Maryland Ba	ltimore City		own or Locat Baltimo					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	t Air Street		101	21211		100	U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS OECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yee, sp	ENDENT OF HISPAN octy Cuben, Mexice 2 NO Specifi	n, Puerto Rica	Specify Yee or N in, etc.)	o— 14. RAC	E — American Indian, ck, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)		18e. DECEDENT'S US (Give kind of worl life. Do NOT use n	UAL OCCUPATION do notired.)	IN st of working	16b. K/I	ND OF BUSINES	S/INDUSTRY	
10	Conege (1-4 or 5 +)	Homemak	er					
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Midd	tle, Meiden Surne	ime)	
Leonard B	. Rhoton, Sr.			Viola	a L. S	mith		
19a. INFORMANT'S NAME (Type/Print) Ida Hughes		19b. MAILING AD		nd Number or Rural				rvland 212
28g METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI					ON — City or 1	7
1 A Buriel 2 Cremation 3 Res 4 Donation 8 Other (Specify)	38.07.41.5	mmanuel C						, Maryland
* Kynn	Burger	Denso		Falls Re				neral Home 21211
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	· COPP	A CONSEQUENCE OF):						Onset and Dec
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS d	A CONSEQUENCE OF):						
PART II. Other algnificant condition	ns contributing to death i	out not resulting in	the underlyin	g cause given in		PER 2	17	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26, PI	ACE OF DEATH (C/	heck only one)			
EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Residence	8 Other (S	Specify)		
27. MANNER OF OEATH 1 Neture 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.			HBE HOW INJUS	RY OCCUREO	
2 Accident 3 Suicide 4 Homicide	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre				ON (Street and h Town, State)	lumber or Rura	Route Number,
anal and	SICIAN: To the best of my know							(e) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NU				D (Marith, Day, Year)
1 co later	W						712	6710
(m 100)2	HO COMPLETED CAUSE OF D		Memoria	l Hospit	al :	201 Uni	versit	cy Pkwy.
31. DATE FILED (Month), Day, Your)	22. REGISTRAR'S SIG							

STATE OF I	MARYLAND	/ DEPARTME	NT OF H	EALTH AND	MENTAL	HYGIENE
	C	ERTIFICA	TE OF	DEATH		REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLA		MENT OF HEALTH		ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Leet) ME	rgaret L	ydia Atv	Howe !	2	DATE OF DEATH DAY	YEAR	3. TIME OF DEATH 7:45 A M
	4. 8061AL SECURITY NUMBER 3 5. S 214-57-2673 1 90. FACILITY NAME (If not institution, give street ex	M 2 F 41	YRS. MO	UNDER 1 YEAR IF UNDER NTHS DAYS HOURS D. CITY, TOWN OR LOCATI	MIN.	C DATE OF BIRTH (Month, Day, Year) 35-08-19	Coun	ryland
E I	DEATON HOSPITAL RESIDENCE OF DECEDENT	Mrd. Cente	R !	Baltimore	9			
DIREC	Maryland Anne	Arundel		own or Location				10d. INSIDE CITY LIMITS? 1 YES 2 \ NO
RAL	305 Old Riverside	Poad		101. ZIP COD 21.2			10g. CITIZEN OF USA	WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. 1	MAS DECEDENT EVER IN I FORCES? 1 YES F YES, GIVE WAR OR DAT	2 XNO		OF HISPANIC on, Mexican, I	ORIGIN? (Specify Yes of Puerto Rican, etc.)	or No- 14. RAC	CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compile termentary/Secondary (0-12) Col		Glive kind of work (Glive kind of work Me. Do NOT use re Homema.	done during most of worklatired.)	ing	16b. KIND OF BUSI	NESS/INDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Lest) Daniel T. Haday	way, Sr.				(First, Middle, Maiden S Carneal		
10	Daniel H. Atwell			oness (Street end Number ld Rivers		Road, Br	ooklyn	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal f 4 Donation 5 Other (Specify)	rom State 20b. 1	other place)	on (Name of cometery, cred ematory,			timore	
	21. SIGNATURE AT FUNERAL SERVICE CICENSES	Man Hel		Crematio	n So	ciety of	Maryl	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			cer_				Onset and Death 3 years
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions con	ntributing to death bu	t not resulting in t	the underlying cause	given in Pa	PERFORM	MED?	Ib. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 90
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPJTAL:		26. PLACE OF	OEATH (Check	k only one)		
	1 UPS 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	dhpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)		THER: Nursing Home 5 R PF 28c. INJURY AT WORK? M 1 VES 2	2	Other (Specify)	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm, stre			Ref. LOCATION (Street as City or Town, State)	nd Number or Rura	l Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On							r(e) and manner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COL	WE COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr		ENSE NUMBI 374		≥ 7/	ED (Month, Day, Year)
	31. OATE FILED (Month, Day, Year) JUL 25 1990	32 REGISTRAT'S SIGNA	Mandall		H			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. Edus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

TO BE COMPLETED BY FUNERAL DIRECT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	EATH	ween	3. TIME OF DEATH
MAZIE B	ECKER	(MAZ	IE BECK	ER)	MONTH	10	90	11:55 Pu
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	URTH		HPLACE (State or Foreign
105-26-4752	1 - M 2 X F	YRS.	ONTHS DAYS	HOURS MIN.	Month, Do	1 OFG	Coun	MARYLAND
9e. FACILITY NAME (If not institution, give :			h CITY TOWN OF	R LOCATION OF DE	ATU Y	100/	DUNTY OF	
Se. PACIEIT FRAME (II TO HISHORON, give :	street and number)	,	is. City, Town Of	LOCATION OF DE	AIH	96. 0	DUNIT OF	DEATH
STNAT HOSPI	TAL		BALT	IMORE				
10e. STATE 10b. COUNT		10c CITY	TOWN OR LOCATI	ON				10d. INSIDE CITY
								L/MITS?
MARYLAND		B	ALTIMOR					XX YES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. (ITIZEN OF	WHAT COUNTRY?
1190 W NORTHERN	J PARKWAY. AF	от. 508		21210)		US	SA
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			NDENT OF HISPAN			- 14. RAC	E — American Indian, ck, White, etc.
1 Never Merried 2 Married	IF YES, GIVE WAR OR D		If yea, spe	cify Cuben, Mexices **TV: NO Specify		ı, etc.)	Spe	
3 Widowed 4 Olvorced				VX				WHITE
15. DECEDENT'S EDU		16a. DECEDENT'S US	SUAL OCCUPATION	N	16b. KIN	D OF BUSINESS	INDUSTRY	
(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	rk done during mos retired.)	or working				
	4	PSYCHIATR	TC SOC.	WORKER		N.Y.C		
17. FATHER'S NAME (First, Middle, Lest)	-		1	18. MOTHER'S NA	ME (First: Michell	e. Melden Surnem	9)	
,	DECKED]		CELIA	MARIL	-,	
ISAAC H. 19e. INFORMANT'S NAME (Type/Print)	. BECKER	405 224 017 1	DDDC00 10:	nd Number or Rural F	<u> </u>		70.0	
196. INFORMANT'S NAME (Type/PTIRI)								
MRS. ESTA MARIL		5602 R	OXBURY	PL. BAI	TO., N	1D 2120	19	
20e. METHOD OF DISPOSITION 1 Burlel & Cremetion 3 Ren	novel from State	b. PLACE OF DISPOSIT other place)	ION (Name of cem	stery, crematory or		20c. LOCATION	— City or 1	own, State
4 Donation 5 Other (Specify)	/ -		UDON PA	RK		BALT	IMORE	, MD
21. SIGNATURE OF FUNERAL SERVICE LI	COPHISEE / //		22. NAME AN	D ADDRESS OF FA	CILITY SOT	LEVINS	3 MOS	BROS., INC.
> //wol- e- 1	Atilla	0	6010	REISTERS				
Addicard,	govern	ten						ID ZIZIO
23. ART Y. Enter the diseases, or	Complications that cause on a		t enter the mod	ie of dylng, suci	h es cardiec	or respiratory	srrest,	Approximate interval Between
IMMEDIATE CAUSE (Final	List only one cause on	accii iiiie.						Onset and Death
disease or condition	80000							
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):						
	astroin a G	The other						
Sequentially list conditions,	b. (47 MCL) P	A CONSEQUENCE OF):	40					+
If sny, leading to immediate ceuse. Entar UNDERLYING	VELVI	la - has	+ dise	1				
CAUSE (Disease or Injury	c. DUE TO (OR AS	A CONSEQUENCE OF):	1 0126	42c				+
that initiated events resulting in death) LAST								
	d					-		-
PART II. Other significent condition	ns contributing to daeth	but npt resulting in	the underlying	ceusa given in	Part I. 24	. WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS
						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1	YES 2 NO		OF DEATH?
					_			1 WES 2 NO
								/
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCEDITAL			ACE OF DEATH (Ch	eck only one)			
1 TES 2 NO	HOSPITAL:		OTHER: Nursing Home	5 🗆 Residence	8 Other (Sp	pecify)		
27. MANNER OF DEATH	28e. DATE OF INJURY				28d. DESCRI	BE HOW INJURY	OCCURED	
1 Natural 5 Pending	(Month, Day, Year)	INSO		ES 2 NO				
2 Debut	26e. PLACE OF INJUR	tY — At home, ferm, etr	wet, fectory, office	,	28t. LOCATIO	N (Street and Nur	nber or Rura	Route Number,
4 Homicide 6 Could not be	building, etc. (Sp	ecify)			City or R	own, State)		
29e, CERTIFIER								
(Check only	SICIAN: To the best of my kno							
2 MEDICAL EXAMIN	IER: On the basie of examinati	ion and/or investigation.	In my opinion, de	eath occured at the	time, date and	place, end due t	to the cause	(a) and manner as stated.
29th GONATURE AND TITLE OF CERTIFE	Et .			29c. LICENSE NUI	MBER	29d.	DATE SIGNE	D (Month, Day, Year)
Unstix 1	Dies MA					•	7/21	lan
36. NAME AND ADDRESS OF PERSON W	HO COMPUETED CAUSE OF D	DEATH (ITEM 27) (Type. F	Print)			I	-	110
CRISTINA J	1.3	(C	11	· L 1	2	11 ma
	DIAZ MD	pouses	rate	Singi	H950	1791	Da	7 /10
31. DATE FILED (Month, Day, Year) 5 19	32. REGISTRAR'S SIG	MATURE Wildon-Nond	iat =	31001	HOSP	174	Day	7 110

71 /

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND THE HYSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the same after death. Pane 6 may be retained by the host	BALTIMORE, MARYLAND tter death. Page 6 may be retained by the host
TO THE FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Debt. of Health and Mental Hydelve prior to burial, cremation, or removal.	neral director, page 5 should be detache
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	iminer must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.							
1. DECEDENT'S NAME (First, Middle Will (14 M)	Blumberg			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH 9:40 P M						
4. SOCIAL SECURITY NUMBER 2/7-69-345	9 1 M 2 D F	87 YRS. MON		7. DATE OF BIRTH (Month, Day, Year)	7-16-						
9e. FACILITY NAME (If not institution LEVITY DALE H RESIDENCE OF DECEDE 10e. STATE 10b.	LeBRew Center	96.	BAHIMORE, MID	DEATH	9c. COUNTY OF DEATH						
Md Md	COUNTY		wn or LOCATION hunce, Md		10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO						
100. STREET AND NUMBER 28/7 TANCY 11. MARITAL STATUS			101. ZIP CODE 2/20	9	10g. CITIZEN OF WHAT COUNTRY?						
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 4NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Spec	ean, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, Whita, atc. Specify: WHITE						
(Specify only higher Elementary/Secondary (0-12)	college (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working red.)	16b. KINO OF BUSI	NESS/INDUSTRY						
M ABRAIL				AME (First, Middle, Maiden S DA BUCKMAN	iumame)						
P 190. INFORMANT'S NAME (Type/Pri MRS. ANITA	,		RESS (Street and Number or Rural CANEY RD. BAL	TIMORE, MD	State, Zip Code) 21209						
20 METHOD OF DISPOSITION 1 A Burlal 2 Cremation 4 Donation 5 Offer Spec	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piace) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piace) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piace) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piace) 20c. LOCATION — City or Town, State 20c. RETH TETLOH RETH TETLOH RETH TETLOH										
21. SIGNATURE OF FUNE HALL SEE	VICE ACCUSEE	,	22. NAME AND ADDRESS OF SOL LEVINS 6010 REISTER	ON & BROS,.	INC. BALTO.,MD 21215						
23. PART I. Enter the disease shock, or heart (IMMEDIATE CAUSE (Final disease or condition resulting in death)	es, or complicatione that causellure. List only one cause on	atom a		ch aa cerdiec or reapin	atory arrest, Approximate Interval Between Onset and Death						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
subdus	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. SUDGUAL NUMBER AUTOPSY FINDS ANALUSE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
25. WAS CASE REFERRED TO MEE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Oc		26. PLACE OF DEATH (C								
1 Natural 5 Pendi	28a. DATE OF INJURY (Month, Day, Year, Igation		28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED						
3 Suicide 6 Could 4 Homicide detarr	not be building, atc. (Sc	RY — At home, farm, stree becify)	t, factory, office	261. LOCATION (Street at City or Town, State)	nd Number or Rural Route Number,						
Annal String	G PHYSICIAN: To the best of my knot EXAMINER: On the besis of examinat				ner as stated. I due to the cause(a) and manner as stated.						
296. SIGNATURE AND TITLE OF CO	FOR WHO COMPLETED CAUSE OF		29c. LICENSE NI	JMBER	29d. DATE SIGNED (Month, Day, Year) 7 - 7 7 7 - 90						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SEPH GALLO LEVINDALE GER, CTR.

31. DATE FILED (Month, Day, Year)

JUL 2 5 1990

32. REGISTRAR'S SIGNATURE
Sika Davidson-Randale

BALTO.

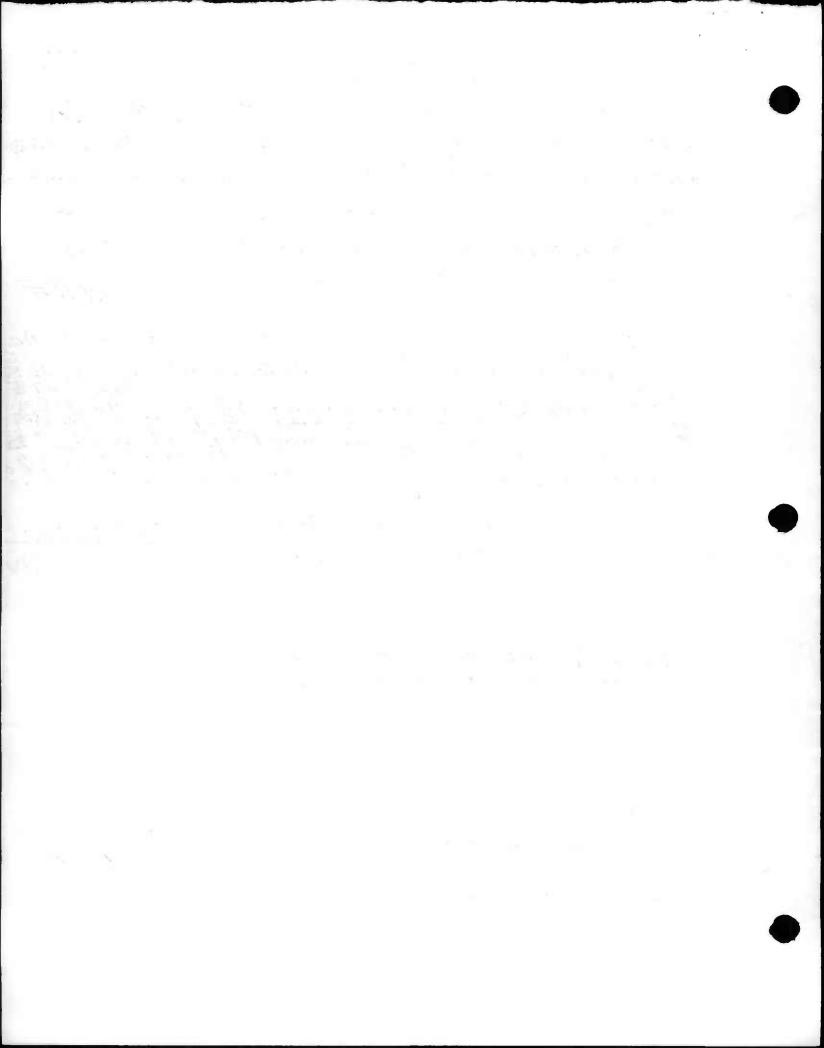
DHMH-16 Rev 1/89

FOR
STATE
REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 (1 2	7		L
-	/ L.	- ~	6	6

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) LUTHER H. BROWN 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH T 20 90 11 10 11 11 11 11 11 11 11 11 11 11 11
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 4 O. B. BIRTHPLACE (State Proraign
	13-12-15-6 OF M 2 F 81 YRS. MONTHS DAYS HOURS MIN. APRIL 4, MARYLAN
	9a. FACILITY NAME (If not institution, give street and number) 40 5 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
2	BALTIMORE CO. GEN PANDALISTONN BALTIMO
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
5	MD CARRULL WESTMINSTE PIOVES 2 FATO
NEMAL	106. STREET AND NUMBER 8/2 STONE ROAD 2/157 109. CITIZEN OF WHAT COUNTRY? 107. ZIP CODE 2/157 109. CITIZEN OF WHAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc.) 14. RACE — American Indian, Black, White, etc.
5	1 Never Married 2 Married PORCES? 1 YES 2 July 1 1 YES 2 July 1 1 YES 2 July 1 1 YES 2 July 2 1 YES 2 July 2 YES 2 July 2 YES 2 July
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
<u>.</u>	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)
Z DMPL	MAINTENANCEMO, SIATE ROX
- 1	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ANNIE HELTIBRIDA
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 71/57
2	EVELYN BROWN 812 STONERD NESTMINST
	20a, METHOD OF DISPOSITION 1
	4 Donation 5 Other (Specify) PLEASANTVALLEY PLEASANT
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1 7 7 2 2 7 2 7 2 7 7 7 7 7 7 7 7 7 7 7
	Ruhad futtel 39 MAP LETTELS TO LOND
	23. PART I. Enter the disesses, or complicatione that caused the death to not enter the mode of dying, such as cardiac or reepiratory errest, shock, or heart failure. List only one cause on each line.
	Onset and Death
	disease or condition and the second of the s
_	- Bloom to A CONSEQUENCE OF:
2	Sequentially list conditions, if any, lasding to immediats b. DUE TO (OR AS A CONSEQUENCE OF):
HIFICALION	ceuse. Enter UNDERLYING CAUSE (Dissess or injury
	thet initieted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in daeth) LAST
	d
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO
3	DIADETUS MUSICIONE 1 TO YES 2 NO COMPLETION DE CAUSE OF DEATH?
M	Colnovic ATRIAL FIBRILLATion 1- YES 2 NO
ا ق	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
PHYSICIAN	1
	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?
7 64	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,
	4 Homicide determined building, etc. (Specify)
COMPLEIED	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
5	one) 2 MEDICAL EXAMINED. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated.
	29b. SIGNATURE AND TITLE OF CONTINENT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
מב	D19502 > 7-00-90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	DRIANDO B- CONSANO MD. BC64, RANDAUS TOWN Md. 21133
	31. DATE FILED_(Month, Dey, Year) 32. REGISTRAR'S SIGNATURE
	THE A STATE OF THE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-transit	be filed within 72 hours after death with the State Dept. of regaint and wental hybere profit of builds, chemistor, or removed. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE F	IMPORT

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND			OF HEALTH A	AND M	から2 から2 401	17/	NE /	70-	20115
	1. DECEDENT'S NAME (First, Middle, Lest)	RAWINGT	FIN			151	2. DATE (DAY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs.		IF UNDER 1 Y	YEAR IF UNDER 2	HRS.	7. DATE ((Month)			1-	ACE (State or Foreign
	212-07-3996 1 9e. FACILITY NAME (If not institution, give street		U YRS.		OWN OR LOCATION		6	18	O CON	NTY OF DEAT	V. 2 ' '
LOB	SANAI HOS				ALTIM					pri '	
FUNERAL DIRECTOR	10e. STATE MARYLAND 10b. COUNTY		10c. CITY,	TOWN OR BALT	LOCATION						d. INSIDE CITY
ERAL	100. STREET AND NUMBER 4011 FALLSTAFF RD.	1			101. ZIP CODE 21	215				USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 12 1	. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 FIF YES, GIVE WAR OR DATES	ARMED XIO	If y	S DECENDENT OF es, specify Cuban, YES 2 NO	Mexican,			fee or No—		American indian, White, atc.
COMPLETED		opleted)	life. Do NOT use	ork done dur	ing most of working		18b.	KIND OF E	ACCOL	DUSTRY	
OMP	12 17. FATHER'S NAME (First, Middle, Lest)		DOON	KUDE		ER'S NAM	E (First, A	fiddle, Maid	en Surnama)		
BE C	UNKNOWN SHULMAN						ELLA		INKNOW		
2	19s. INFORMANT'S NAME (Type/Print) MISS ANITA BROWNST				Street and Number of			LTO.		21215	
	205 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova 4 Denation 8 Other (Specify)	20b. PLAC	CE OF DISPOSI Place) SHAARE I	TION (Name	of cometery, crema	etory or				City or Town	The state of the s
	21. SIGNATURE OF FUNERAL SERVICE LICENS	e Loven	202		SOL LEVI					O., M	D 21215
	23. PART I. Enter the disease, or con ahock, pr heart fellure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	only one couse on sech II Multipl DUE TO (OR AS A DON!	e A	14e		g, auch	as Card	liac or red	ppiratory a	rrest,	Approximate Interval Between Onset and Death
CATION	Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Hyperce DUE TO (OR AS A CONT Cordical	SEOUENCE OF	illu	C,						
CERTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEOUENCE OF):							
MEDICAL C	PART II. Other algorificant conditions of	ontributing to deeth but no	ot resulting in	the und	erlying cause gi	iven in F	Part i.	PERF	AN AUTOPSY ORMED? 2 M NO	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
N.							-			'	YES 2 NO
SICIA		IOSPITAL:		OTHER:	26. PLACE OF DE	-					
Y PHYSICIAN:	27. MANNER OF DEATH 1 ™Netural 5 ☐ Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 2	8c. INJURY AT WORK?				W INJURY O	CCURED	
ETED BY	2 Accident investigation 3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, st	treet, factor	y, office			ATION (Street or Yown, Sta		er or Rural Ro	ute Number,
COMPLE	torior only	N: To the best of my knowledge, On the basis of examination ends									and manner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29b. NAME AND ADDRESS OF PERSON WHO	? Idn	N	1. D	AS 2			1059			Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DOUGICS D. Silia, 66

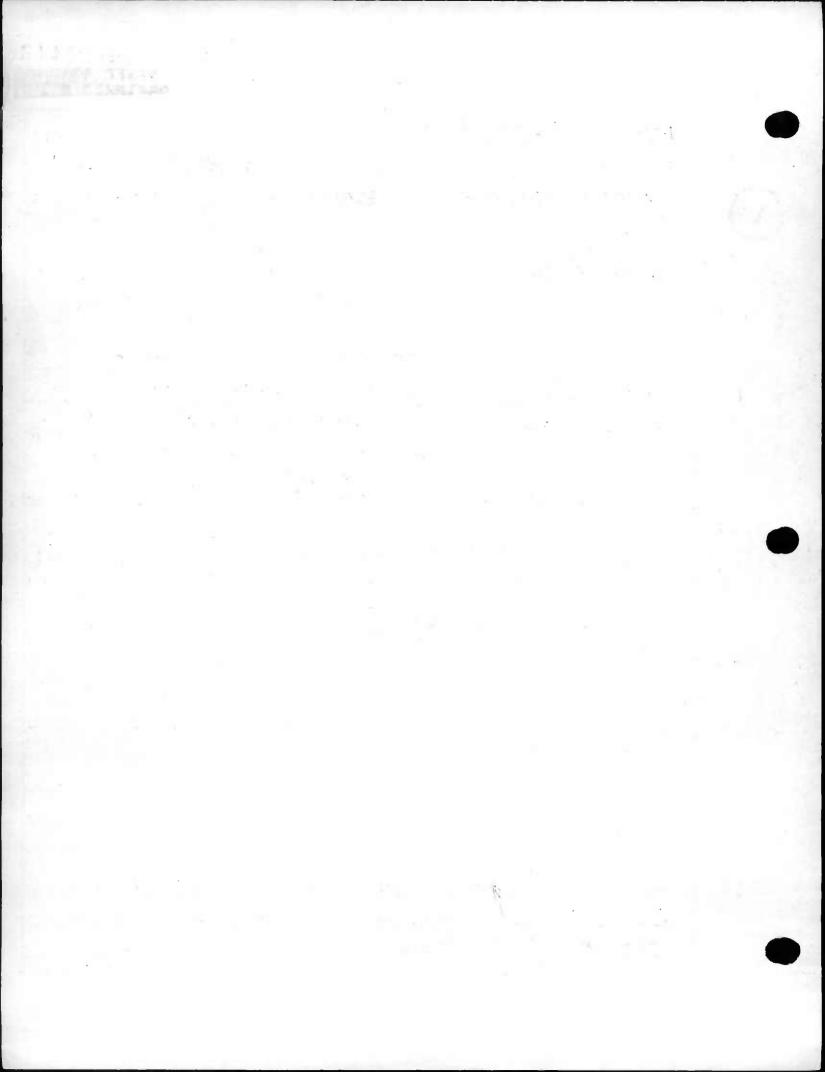
31. DATE FILED (Month, Day, Year)

2. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

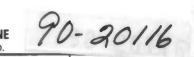
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6620 Barnie Ridge Dr



detac		Once
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t. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.



	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A		ITAL HYGIENE REG. NO.	70	7-20116
	1. DECEDENT'S NAME (First, Middle, Last)	CLIFTON	BOONE		M	JULY 21	1990	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 134-03-7323	1 📉 M 2 🗌 F	75 YRS.		MIN. S		.914 NOI	RTH CAROLINA
TOR	90. FACILITY NAME (If not institution, give str INNS OF EVERGREEN RESIDENCE OF DECEMENT			BALTIMORE C		1	9c. COUNTY OF	DEATN
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND		10c. CITY, 1	BALTIMORE	CITY			10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO}\) NO
FUNERAL	100. STREET AND NUMBER 3805 COTTAGE AVEN	IUE		10f. ZIP CODE 21	215		10g. CITIZEN OF	WHAT COUNTRY?
ΒÝ	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? XX YES IF YES, GIVE WAR OR D. WW II 194		13. WAS DECENDENT OF It yes, specify Cuban, 1YES 2 NO	Mexican, Pu		Bla	CE — American Indien, ck, White, atc.
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use I	k done during most of working etired.)				IS &
BE COM	11201111	OONE				First, Middle, Maiden Su	mame)	
10	190. INFORMANT'S NAME (Type/Print) ANITA MARINE			OTTAGE AVENU		LTIMORE,	MD. 212	
	20e METNOD OF DISPOSITION XIX Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	- 6		on (Name of cometery, creme crest Vetera	ns Ce	m BALT	O. COU	
	21. SIGNATURE OF FUNERAL SERVICE LIC	E. hus	to	NUTTER FUN 2501 GWYNN	FRAT.	HOMES, IN	BALTO	216 ., MD.
CATION	23. PART I. Enter the diseases, or cahock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	ach line.	enter the mode of dyin				Approximate interval Between Onset and Desth
CERTIFICATION	that initiated events reaulting in deeth) LAST	1	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART II. Other aignificent condition	a contributing to death t	ut not resulting in	the underlying cause gi	ven in Part	1 24e. WAS AN AI PERFORM 1 YES 2	ED?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	artism 2 DOA	26 PLACE OF DE				
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT WORK? M 1 YES 2	280	J. DESCRIBE HOW INJ	JURY OCCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe		eet, factory, office	28f	LOCATION (Street en City or Town, State)	d Number or Rure	I Route Number,
COMPLETED	CONSCINUTE CONTRACTOR	CIAN: To the best of my know						s(a) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WITH	COMPLETED CAUSE OF DE	J.	MD D	SE NUMBER	40	29d. DATE SIGN	ED (Aonth, Day, Year)
	J. DATE FILED (MONTH, Day, Year)	Homes 1	1-0-	6210 PK	. It	Ace.	BAC	T, MM 2/21
	JUL 25 1990	32 REGISTIAN'S SIGN	n-Handell	•	_		,	

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TENOTIFY THE COLUMN TH	ď.	m 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be not
	urs after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	nedical
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-	, crem	event,
	bunial of	natic
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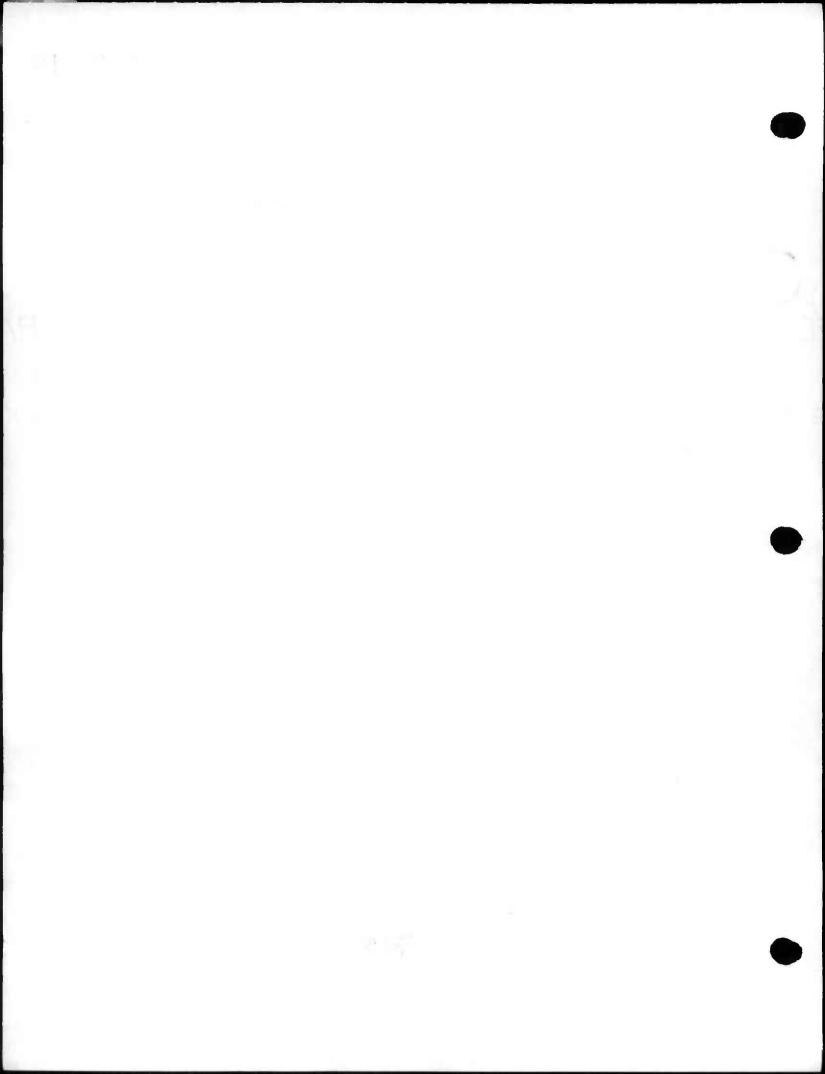
	1 - FOR STATE REGISTRAR	ATE OF MARYLA	ND / DEPAR CERTIF					TAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Oucry Mae A	Byrd						OATE OF DEATH	YE 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SE 231-18-3714 1□	6. AGE (In	yrs. lest birthday) YRS.	IF UNDER		UNDER 24 H		ATE OF BIRTH Wonth, Day, Year)		BIRTHPLACE (State or Foreign Country) IRGINIA
E E	9a. FACILITY NAME (If not institution, give street and Fullitary Line Is	d number)	,	4	TOWN OR L		OF DEATH		9c. COUNTY	
뜅	RESIDENCE OF DECEDENT			/						
DIRECTOR	MARYLAND HARF	ORD	10c. CIT	Y, TOWN C	WHIT		R D			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 2312 WHITEFORD RO) A D			10f. ZII	2 1	1160		10g. CITIZEN	OF WHAT COUNTRY? ED STATES
3	11 MADITAL STATUS	MS DECEDENT EVED IN	J.S. ARMED	13.	WAS DECENO	ENT OF H	ISPANIC OF	RIGIN? (Specify Yea		BACE American Indian
BY	1 Never Married 2 Married IF 3 Widowed 4 Divorced	ORCES? 1 YES	2 NO		If yes, specify 1 YES 2 (NO S	lexican, Pue Spec/fy:	erto Rican, etc.)	1	Black, White, atc.
8	15. DECEDENT'S EDUCATION (Specify only highest grade comple		18a. DECEOENT'S (Give kind of life. Do NOT us	USUAL O	CCUPATION during most of	f working		18b, KIND OF BUS	INESS/INOUST	RY
COMPLETED		ege (1-4 or 5+)	HOME					Own H	OME	
ő	17. FATHER'S NAME (First, Middle, Last)				18			irst, Middle, Meiden S		
BE (Charles Arth	UR WILLI						IE KAIR		
5	SANDRA B. JO	HNSON	R.D.	1	BOX			Number, City or Town AWN GRO		Å 17321
	20s. METHOD OF DISPOSITION 1 Å Burial 2 Cremation 3 Removal from the Property Proper	om Stata	PLACE OF DISPO Other place) EMORY	•	ETERN		ry or		REET,	or Town, State MARYLAND
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE	0 0	1-		NAME AND A					
	Leffrey 1	Low	elide	R H.	ARKIN	ıs F	UNER	AL HOME	E, IN	C. DELTA, PA
	23. PART i. Enter the diseases, or compliance, or heart failure. List o	nly ona cause on aac	ch lina.							interval Between
П	immEDIATE CAUSE (Final disease or condition resulting in death)	returns			Cours	con	usei	ular D	execs	Onset and Death
		DUE TO (OR AS A C	CONSEQUENCE O	F):						
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE O	F):						
FIC	CAUSE (Disease or injury that initiated avents	DUE TO (OR AS A C	CONSEQUENCE O	f):						
ERTI	reaulting in death) LAST									
CALC	PART II. Other aignificant conditions con	tributing to death but	t not resulting	in tha ur	ndariying c	ause give	n in Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
								1 TES 2		COMPLETION OF CAUSE OF DEATH?
ME								′	•	1 TYES 2 NO
ž										
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL: V		OTHE	R:		'H (Check or			
HYS		Inpatient 2 ER/Outpat 28a. DATE OF INJURY	tient 3 L DOA		28c. INJURY			Other (Specify) . OESCRIBE HOW IF	JURY OCCUR	ED
	1 Natural 5 Pending Investigation	(Month, Day, Year)	IN-	JURY	WORK	2 🗌 N	10		-	
red BY	I POURDIN	28e. PLACE OF INJURY - building, atc. (Specifi	At home, farm,	street, fac	tory, office		28t.	LOCATION (Street a City or Town, State)	nd Number or I	Rurel Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowle	dge, death occur	red at the t	time, data and	d place, an	d due to the	e cause(a) and man	ner as stated.	
OM	and the second s	the basis of axamination	and/or Investigation	on, In my o	opinion, deati	h occured	at the time,	date and place, and	d due to the c	ause(a) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	MADER	iteli	MA	21	DO	E NUMBER		29d. DATE SI	GNED (Month, Day, Year)
2		APLETED CAUSE OF DEAT	TH (ITEM 27) (Type	e, Print)	2013	TA	appl	Chuckey	Rd	,
	RICHARD F. CO.	LRER MY	7,			Da	Elev	ylin, N	14 2	21034
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				-			

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firector, p		r must
funeral c		animex
. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	r removal.	is 30 is marked or item 23 shows any injury or other traumatic event the medical examinar must be notified at one
filled	00,00	THE PER
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31. DATE FILED (Morith, Day, Year)

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	1 SIAIE		TMENT OF HEALTH AND NICATE OF DEATH		E	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	NORMAN C.		REG. NO.		3. TIME OF DEATH
	11-1	AS LEC	DASLEK	MONTH DA	Y YEAR	110TPM
1 1	4, SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	HPLACE (State or Foreign
	208-055704 18/12		MONTHS DAYS HOURS MIN.	Month, Day, Year) July 13 1	912 New	York
	9e. FACILITY NAME (If not institution, give street and number	ber)	96. CITY, TOWN OR LOCATION OF DE	ATH /	90 COUNTY OF	DESTH
DIRECTOR	RESIDENCE OF DECEDENT	3pital	54/trimol	18		17/
EC.	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY
	MA SAlto.	· (o	Timorium			1 YES 2 NO
FUNERAL	115 SPIZING SIDE	. 7	10f, ZIP CODE	3	10g. CITIZEN OF	WHAT COUNTRY?
R		ECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	J CORIGINA (Secolty Year	U >	E — American Indian,
5	1 Never Married 2 Married FORCES	S? 1 YES 2 XNO GIVE WAR OR DATES	If yes, specify Cultun, Mexico	n, Puerto Rican, etc.)	Blee	ck, White, etc.
B	3 Widowed 4 Divorced	GIVE WAN ON DATES	1 YES 2 NO Specify	<i>r</i> .	Ev	hit E
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during most of working to retired.)	teb. KIND OF BUS	BINESS/INDUSTRY	
	Elementary/Secondery (0-12) College (1-	-4 or 5+)				
MP	17. FATHER'S NAME (First, Middle, Last)	Oxygen	Engineer	ME (First, Middle, Maiden	Carbide	
	Charles Basler		Maude S		Sumeme)	
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street end Number or Rural		n, State, Zip Code)	
12	Mary W. Basler	Samo	e as #10			
	20a May HOD OF DISPOSITION 1	20b. PLACE OF DISPO	SITION (Name of cemetery, cremetory or	20c. LO	CATION — City or 1	
		ent Duraney V	alley Mausoleum		Timonium	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Ruck Towson	Funeral Ho	me, Inc.	
	Carl L. Co	energy h.		Rd., Tow		21204
	23. PART i. Enter the disesses, or complication ahock, or heert fellure. List only o	ine that deused the death. Do i	not enter the mode of dying, suc	h as cardiac or reap	retory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	- 1	. 0/			Onset end Death
	resulting in death)	DUE TO (OR AS A CONSEQUENCE O	e Juocil		1	6455
_	- 7	0 + 11 0 1	Ld - OX	Locking H	nences	645
ē	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE O	F):		7	
3	The state of the s					!
	cause, Enter UNDERLYING CAUSE (Disease or Injury					
TIFI	CALISE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE O	F):			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUENCE O	F):			
	CAUSE (Disease or Injury that Initiated events	ting to death but not resulting		Part I. 24a. WAS AN		Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST				RMED?	
MEDICAL	CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST	ting to death but not resulting		PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed to the conditions of the conditions contributed to the conditions condition	ting to death but not resulting	in the underlying couse given in	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other aignificant conditions contributed to the contributed for	ting to death but not resulting	in the underlying cause given in 26. PLACE OF DEATH (CA	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed to the conditions conditions conditions contributed to the conditions	AL:	in the underlying cause given in 26. PLACE OF DEATH (C) OTHER: 4 □ Nursing Home 5 □ Residence	PERFOI	AMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed to the contributed for	AL: ent 2 ER/Outpatient 3 DOA DATE OF INJURY 29b. TIM	in the underlying cause given in 26. PLACE OF DEATH (C) OTHER: 4 □ Numing Home 5 □ Residence	PERFOI 1 VES seck only one) 8 Other (Specify)	AMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed by the contributed by t	TAL: ent 2 ER/Outpetient 3 DOA DATE OF INJURY 29b. TIN IN PLACE OF INJURY At home, farm,	26. PLACE OF DEATH (C) OTHER: 4 \(\text{ Nursing Home 5} \) Residence EE OF 28c. INJURY AT WORK? M 1 \(\text{ YES 2} \) NO	PERFOI 1 VES seck only one) 8 Other (Specify)	INJURY OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed to the conditions contributed to	TAL: ent 2 ER/Outpatient 3 DOA DATE OF INJURY Month, Dey, Year)	26. PLACE OF DEATH (C) OTHER: 4 \(\text{ Nursing Home 5} \) Residence EE OF 28c. INJURY AT WORK? M 1 \(\text{ YES 2} \) NO	PERFOI 1 VES seck only one) 8 Other (Specify) 28d. DESCRIBE HOW is	INJURY OCCURED	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed in the contributed in t	TAL: CAL: 26. PLACE OF DEATH (C/C) OTHER: 4 Nursing Home 5 Residence RE OF URY MORK? 1 YES 2 NO street, factory, office	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State)	INJURY OCCURED and Number or Rura	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed by the contributed by t	TAL: CAL: 26. PLACE OF DEATH (C) OTHER: 4 Nursing Home 5 Residence NURY M 1 YES 2 NO street, factory, office red at the time, date end place, end due on, in my opinion, death occured at the	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE HOW (City or Town, Street) 2 of the cause(e) and man of time, date end place, en	INJURY OCCURED and Number or Rura	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed in the contributed in t	TAL: CAL: 26. PLACE OF DEATH (C/C) OTHER: 4 Nursing Home 5 Residence RE OF URY MORK? 1 YES 2 NO street, factory, office	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE HOW (City or Town, Street) 2 of the cause(e) and man of time, date end place, en	INJURY OCCURED and Number or Rurs nner ea stated, and due to the ceuse	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed by the conditions contributed by	TAL: CAL: 26. PLACE OF DEATH (C) OTHER: 4 Numing Home 5 Residence RE OF JURY M 28c. INJURY AT WORK? 1 YES 2 NO street, factory, office red at the time, date end place, end due on, in my opinion, death occured at the	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE HOW (City or Town, Street) 2 of the cause(e) and man of time, date end place, en	INJURY OCCURED and Number or Rurs nner ea stated, and due to the ceuse	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed by the conditions contributed by	TAL: ATTO	26. PLACE OF DEATH (C) OTHER: 4 Numing Home 5 Residence RE OF JURY M 28c. INJURY AT WORK? 1 YES 2 NO street, factory, office red at the time, date end place, end due on, in my opinion, death occured at the	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE HOW (City or Town, Street) 2 of the cause(e) and man of time, date end place, en	INJURY OCCURED and Number or Rurs nner ea stated, and due to the ceuse	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributed in the contributed in t	TAL: ATTO	26. PLACE OF DEATH (C) OTHER: 4 Nursing Home 5 Residence 18E OF JURY AT WORK? M 1 YES 2 NO street, factory, office at the time, date end place, end dur on, in my opinion, death occured at the	PERFOI 1 YES 2 Other (Specify) 28d. DESCRIBE HOW (City or Town, Street) 2 of the cause(e) and man of time, date end place, en	INJURY OCCURED and Number or Rurs nner ea stated, and due to the ceuse	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO I Route Number,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

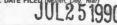
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

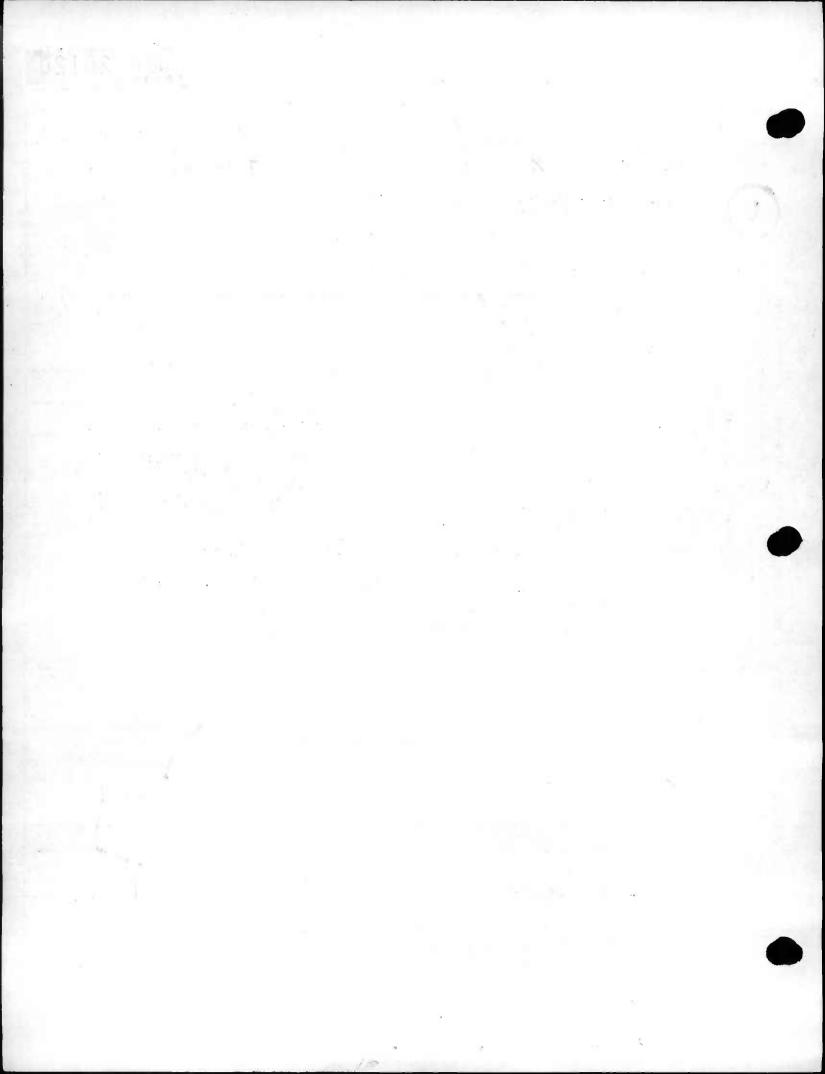
-	REGISTRAN					IOAII			, , ,	n,	EG. NO.			
1	1. DECEDENT'S NAME (First	Middle, Lest)		Bu	771	ei	1			2. DATE OF S	EATH DAY	5	YEAR	TIME OF DEATH
	A. SOCIAL SECURITY NUMBER		c acv	0.005.00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			1	I			10	- 1	I	
	578-30-690		5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURE	MIN.	7. DATE OF B	Year)		Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not in		treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUN	TY OF DE	ATH
TOR I	912 Karlso					W	Нуа	ttsv	i11			PG	ř	•
ပ္က	10a, STATE	10b. COUNTY	1		10c CIT	Y. TOWN	OBLOCA	TION						IOd. INSIDE CITY
DIRECTOR	Md	PO				Iyatı								LIMITS?
7	10e. STREET AND NUMBER						10	of. ZIP COO	E			10g. CITI	EN OF W	IAT COUNTRY?
FUNERAL	712	on Ave						2078					USA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF		13.	WAS DE	CENDENT C	F HISPAN	NC ORIGIN? (Sp in, Puerto Rican	ecify Yes o	r No-	14. RACE - Black.	- American Indian, White, etc.
ВУ	1 Never Married 2223 3 Wildowed 4 Dive		IF YES, GIVE					S 27 KNO			, •,		Specify Bla	
	15. DEC	EDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPAT	ION		16b. KIN	D DF BUSII	NESS/IND	USTRY	
# 1	(Specify on	y highest grade	completed)	(G	ive kind of a	work done	during m	ost of working	ng	Total title	D D1 D0011	1200/1112	001111	
COMPLETED	Elementary/Secondary (I		College (1-4 or 6 Vone	+)	DC Go			cker						
Š	17. FATHER'S NAME (First, A	liddle, Last)								ME (First, Middle		urname)		
BE	Herbert Bu	ırrell						Gla	ays i	Jackso	11			
	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street	and Number	r or Rural i	Route Number, C	ity or Town,	State, Zip	Code)	
2	Sylvia G 1	Burrel.	1							,d,e,&				
	20a. METHOD OF DISPOSIT			20b. PLACE	OF DISPOS	SITION (N	ame of co	emetery, crer	natory or		20c. LOC/	ATION —	City or Tow	n, Stata
	X⊠ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other		oval from Stata	Ft L	inco.	ln					Bren	two	od, M	d
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22.	NAME A	AND ADDRE	SS OF FA	CILITY	1 III	nh i	-0- (o Inc
	1.2/0-	00	10	<i></i>		-	301	5 12t	h ST	NE, D	C 200)17	les c	o., Inc
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	shock, of h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eert fellure.	List only one ce	ON AS A CONSE									,	interval Between Onset end Death
CERTIFICATION	Sequentially list condi- if any, leeding to imme- cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	diate iNG ury	oue ro	O (OR AS A CONSE	QUENCE O	P): 1	2	کنوه	2.6	uln	عم		5	
EDICAL	PART II. Other signification C	VA	ne contributing to								PERFORM	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
₹	gangre	ne.	-60					_	,					
Ž	25. WAS CASE REFERRED	O MEDICAL	0				26. 1	PLACE DF	DEATH (CA	neck only one)				
2	EXAMINER?		HOSPITAL:	☐ ER/Outpatlant :	n DOA	OTHE			- eld	A [] Other (C-				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O		28b. TIN		Y -	NJURY AT	aardance	6 Other (Sp		HIRY OC	CUREO	
=		Pending	(Month,	Pay, Year)	IN.	JURY	W	VORK?	7 110	N/D	SE HOW IN	ouni oo	CONLO	
B	2 Accident	Investigation	7	A	Щ.	-		YES 2 [_ NO	11/	· · · · ·			
	3 Suicide 6	Could not be	26a. PLACE building	OF INJURY — At h. i, etc. (Specify)	ome, farm,	atreet, fac	ctory, off	lice		28f. LOCATIO City or To	N (Street an wn, State)	nd Number	or Rural Re	oute Number,
E	4 Homicide	determined	1	1/A										
COMPLETED	Check only		ICIAN: To the best o											5.73
ő	2 MES	NCAL EXAMINE	ER: On the beals of	examination and/or	Investigation	on, in my	opinion,	death occu	red at the	time, data and	place, and	due to th	re cause(a)	and manner as stated.
В	29b. SIGNATURE AND TITL	E OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d. DAT	E BIGNED	(Month, Day, Year)
0	Rome	0	1)00-	S				03	344	172		▶ ⊢	1/19	190
2	30. NAME ANO ADDRESS D	F PERSON WI	ID COMPLETED CA	JSE OF DEATH (ITE	M 27) (Type	s, Print)		- 4		, ,			11.7	+
-	Lynne T	7.18	1665 P	N 65	525	Be	de	معم	r'1	Rd. H	ryst	13 V	ille	Mg 2018:
	31. DATE FILEO (Month, Day		32. REGISTR	AR'S SIGNATURE										
	JUL 25 19	90 \$	Fulfa Davido	on-Pandel	2								_	
		U												DHMH-16 Rev 1/89

06/05/90 260 CYPRESS 90-20/20

J5889297-0160 CAPLAN HOWARD

REGISTRAR 1. DECEDENT'S NAME (First, Middle, L	HOWAE	QD GARY	CAPI	AN			MON]		DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	,	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	2_	40	10 15 Pa
212-30-3019		57 YRS.	MONTHS	DAYS	HOURS	MIN.		h. Day. Year)	33	Counti	
Sa. FACILITY, NAME (If not institution, g			9b. CIT		OR LOCATI	ON OF DE	ATH		1000	JNTY OF D	
Sunay Hospit	1	fumure	Bau	Hen	1025	-					
10a. STATE 10b. CO	UNTY	10c. Cf	TY, TOWN								10d. INSIDE CITY
MD AN	NE ARUNDEL		SE	EVERN	IA PA	RK					LIMITS?
260 CYPRESS CR	EEK RD.			101	f. ZIP COD		146		10g. Cr	SA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed XX Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O COAST GU	YES 2 NO		If yes, sp		ın, Mexicai	n, Puerto	N? (Specify 1 Rican, etc.)	es or No—	Spec	E — American Indian, k, Whita, etc. #y: WHITE
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEDENT	f work done	during me	ON ost of worki	ng	19	b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	HOME			A ENTITIC				BUILI	TNC	
12 17. FATHER'S NAME (First, Middle, Last	1)	HOME	IMPR	COVE	_		ME (First	Middle, Maide		TIAG	
LEON CAP							IDA	FRIE	DMAN		
19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	IG ADDRES	SS (Street	and Numbe	r or Rural F		nber, City or Ti			
Ms. SHIRLEY P	LANK		CYPRE				Si				21146
20a. METHOD OF DISPOSITION Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	other place) AITZ CI		lame of ce	metery, cre-	metory or		100	BALTIN		
21. SIGNATURE OF FUNERAL SERVICE		AIIZ C		NAME A	ND ADDRE	SS OF FA	CILITY			TOICE	riD
					MA WARAL						
IMMEDIATE CAUSE (Fine)	urf. List only one cause o	on each line.	not anta	5010 or the mo	SOL I REIS	TERS	TOW h as ca		BALT	O.,ME	Approximate Interval Between
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withins after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the built be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Mic	ddle, Last)							2. DATE OF D	DAY		VEAR	3. TIME OF DEATN
	William	F.	Cuth	rell					7 .	- 23	-	90	0200 M
	4. SOCIAL SECURITY NUMBER			AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER		7. DATE OF BI (Month, Day)	IRTN (Maer)		8. BIRTN	PLACE (State or Foreign
	241-36-1463	1	2 F	61	YRS.	DAYS	HOURS	MIN.	4-10	7-20	9 1	Nor	h (arolina
	9a. FACILITY NAME (If not institu	ition, give stree	t and number)		9	b. CITY, TOWN	OR LOCATIO	ON OF DE			9c. COUN	TY OF D	EATN
DIRECTOR	WAH RESIDENCE OF DECEL	DENT				Taken	a. Pa	MK.	mo		Mc	int	genery
<u>E</u>		b. COUNTY			10c, CITY,	TOWN OR LOC	ATION					Í	10d. INSIDE CITY
	mo	PG			Hyat	tsvil							YES 2 NO
FUNERAL	6503 9th. A	ve.				1	of. ZIP CODI 2078						THAT COUNTRY? States
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COMPLETED	and the state of t	´	4yrs.		Ana]	ytica	L Cher	mist		Gover	nmen	t	
0	17. FATHER'S NAME (First, Middle	le, Last)	-				18. MOTI	NER'S NAM	AE (First, Middle	, Maiden Si	umame)		
BE C	U	inknown	ı				I	Maggi	le Cuth	nrell			
TO B	19e. INFORMANT'S NAME (Type								oute Number, C				
	Roberta Cuth			· ig					ville				
	20e. METHOD OF DISPOSITION 1 Deficient Conception 4 Deficient Specific Spec	3 X emov	al trom State	other of	ecel	orial (Garde	n			insv	ille	e, Va.
	21. SIGNATURE OF FUNERAL S	ERVICE LICE	TSHE A	0	0								neral Home
	· June	16	. T/OC	2	SI.	7474	Lando	over	Rd. La	andov	er,	Mary	land 20785
CERTIFICATION	IMMEDIATE CAUSE (Finel dieeese or condition resulting in death) Sequentially liet condition if eny, leading to immedia cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	ete 3	DUE TO (O	R AS A CONSE	Clerculant of Stomal put a consequence of: a consequence of: a consequence of:						ita;	Fed	Onset end Deeth
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ä													
SICI/	25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 GANO	-	HOSPITAL:	ER/Outpatient		OTHER:	PLACE OF C		6 Other (Sp	necify)			
PHYSICIAN	27. MANNER OF DEATN 1 Natural 5 Per		28a. DATE OF IN (Month, Day)	JURY	28b. TIME INJU	OF 28c. I	NJURY AT WORK?		28d. DESCRIE		JURY OCC	CURED	
ED BY	2 Accident Inv	estigation auld not be termined	28e. PLACE OF building, et		ome, farm, str			NO NO	28f. LOCATIO City or To	N (Street an	nd Number	or Rural I	Route Number,
COMPLETED	cool		AN: To the best of m										e) and menner ea stated.
	264 SIGNATURE AND TITLE OF		1A					ENSE NUN					(Month, Day, Year)
TO BE	WIADO	w	Y VV	,			101	44	04		1	7-27	390
-	30. NAME AND KODRIGES OF P	Frau	lillin	OF DEATH (ITE	1 1 20 M	Wew	Hear	pslu	is an	0 8.	has	8-2	-Med
	31. OATE JULY 2"5"199	30	STATE OF A	S SIGNA OF	1	1						0	

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UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		NY: if item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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	1. DECED	MARY	Middle, Lasi)	COCOR	0S						2. D	ATE OF DEATH	90	YEAR	3. TIME OF DEATH
		1 SECURITY NUMBER	R	5. SEX		rs. last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7.0	ATE OF BIRTH fonth, Day, Year) 3-17-19		Count	IPLACE (State or Foreign 7/) ^CCC
E	9a. FACIL	3025 E.							imore				_	JNTY OF E	
2		ENCE OF DECI			-	100.00	ry, town								10d. INSIDE CITY
DIRECTOR	Mar	yland	102.000111				altir	nore					-52		LIMITS?
FUNERAL	1	EET AND NUMBER 5 E. Nor	thern	Pkwy.				101	212					S.A.	WHAT COUNTRY?
₽¥	1 Nev	TAL STATUS ver Merried 2	A Company of the Comp	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 X NO		If yes, sp		n, Mexice	n, Pue	tiGIN? (Specify Y erto Ricen, etc.)	e or No-	14. RAC Blec Spec Whi	
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	19	olydorou:		Kalkani	s					HER'S NA		irst, Middle, Maide	n Surname) Aroxi		1
TO BE		orge J.)S								Number, City or To	wn, State, Z	ip Code)	
		THOD OF DISPOSITION 181 2 Cremation 5 Other		oval from State	20b. P	LACE OF DISPO	thod	ame of cei	metery, cres	matory or 7-2	5-9	20c. L	ocation -		
	•	Haul L	Ha	tooch.	Do		22.	NAME A	d J. F	SUCK,	Inc.	,5305 Ha	rford	Rd.,B	alto.,Md. 21214
			ert feliure.	complications the List only one co	t caused the	ha death. Do	not enta	r tha mo	ode of dy	ing, auc	h aa	cardlec or rea	piretory e	rreat,	Approximete Interval Between Onset and Death
	disesse	IATE CAUSE (Find or condition ng in death)	+ (HRO.	vic'	SN	CES	710	EHE	SAR	7	FAIL	nk	E	Sylan
Z	Common	ntielly list condition		د حرک	FIL	u · Ch	4P)	he	Lon	511	27	a	n	1	6-741a
CATIC	If any, cause.	leading to Immed Entar UNDERLYIF	liate NG	DUE TO	OR AS A CO	ONSEQUENCE (5-	ln	u	n.	7				
CERTIFICATION	that ini	tiated events ing in death) LAST		DUE TO	(OR AS A C	ONSEQUENCE	OF):							·	
	PART I	i. Other significar	nt condition	e contributing to	deeth but	not resulting	In the u	nderlyin	g_cause	given in	Part			7 24	b. WERE AUTOPSY FINDINGS
MEDICA	1 -	Dr.	mi	e to	na	SIL	Sh	(4)	CO.	enc	y	1 TYES	2 AO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z		J- J-	7776	enax	VI	Jack	ar	Que	20		2	-			1 TYES 2 NO
PHYSICIAN:	25. WAS EXAI	CASE REFERRED TO MINER? YES 2 \(\) NO	MEDICAL	HOSPITAL:	FR/Output	ant 3 DOA	OTHE		LACE OF I			Other (Specify)	-		
	27. MAN	NER OF DEATH	Pending	28s. DATE OF		28b. TI	-	28c. IN.	JURY AT ORK? YES 2		_	DESCRIBE HOW	INJURY O	CCURED	
LED BY	3 4	Suicide 8	nvestigation build not be letermined	8e. PLACE (building	OF INJURY — , etc. (Specify,	At home, farm	, street, fac				281.	LOCATION (Stree City or Town, Sta		er or Rural	Route Number,
COMPLET	29e. CER (Che	TTIFIER 1 CENT	гуна гнуб	CIAN: To the best	my knowled	lge, death occu	rred at the	tima, dete	end plac	e, end due	to th	e ceuse(e) end m	anner ee at	tated.	
	one)	2 MEDI			examination a	nd/or investigat	ion, in my	opinion,				date end place,		,	(e) end manner ee stated.
TO BE		Kr	200	de	2	no.	>		0	19	2 8	15	≥ 29d. 0/	TE SIGNE	3 GO
1		· Ernest N						cal A	rts Bi	ldg.					
	31. DATE	JUL 25	1990	Julia David	AR'S SIGNAT										

32. REGISTRAR'S SIGNATURE Julia Vavidson-Randon

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REC	3. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE.	DAY	YEAR	3. TIME OF DEATH
Pedro Saul	Cabellero				07	22	90	1130 M
4. SOCIAL SECURITY HUMBER NOT APPLICABLE	6. SEX 6. AG	E (In yrs. lest birthday) 26 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 06-0'	7 - 64	Country	PLACE (State or Foreign) SALVADOR
9a. FACILITY HAME (II not institution, give so Peninsula Gene RESIDENCE OF DECEDENT		tal		isbury	EATH		Wico	
100. STATE 10b. COUNTY Virginia		10c. CITY	, town on Locat Lexandri					10d. IHSIDE CITY LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER 6142 Edsall Rd.	#104		101	22304			TIZEH OF W	HAT COUNTRY?
11. MARITAL STATUS 1 1 Hever Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 HO	If yes, sp	ENDENT OF HISPAI belty Cuben, Mexico 2 HO Specific	n, Puerto Rican, i		14. RACE Black Specia	- American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo	OH st of worlding	16b. KIHD	OF BUSINESS/II	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Not A	Applicab			ot App		le
17. FATHER'S HAME (First, Middle, Linst) Jose Alongo Ca	ballero				ME (First, Middle, S Riva			
19a. IHFORMANT'S HAME (Type/Print) Angela Turcios				nd Number or Rural Place				
20e METHOD OF DISPOSITIOH 1	oval from State	other place) E1		retery, crematory or or Cemete		El Sa		
21. SIGNATURE OF FUHERAL SERVICE LIC	CENSEE			rly Whea				
Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF S A CONSEQUENCE OF	າ:					
PART II. Other significant condition	d	n but not resulting i	n the underlyin	g cause given in	1	MAS AN AUTOPS PERFORMED? YES 2 X HO	Y 24b	WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (C	heck only one)			
EXAMIHER?	HOSPITAL:	Outpatient 3 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residence	8 Other (Spec	etfy)		
27. MANHER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJUF (Month, Day, Yea 07-22-	26b. TIMI 190 095	URY WO	URY AT ORK? YES 2 X NO	Title (deposite)	HOW INJURY O		to accide
2 X\(\text{\tint{\text{\tin}\text{\tex{\tex		JRY — At home, farm, a	treet, factory, offic		28t, LOCATION City or Town	(Street end Numi	ber or Rural I	
(Critical Orley	ICIAH: To the best of my kr	nowledge, death occurre	ed at the time, date	and place, and du	e to the cause(e)	and manner as a	tated.	
296. SIGHATURE AHO TITLE OF CERTIFIE	Melay		uty M.	29c. LICEHSE HU	MBER 3599	29d. O		(Month, Day, Year) 22 – 90
John T. Bulke		. , , , ,		uff Roa	ad, Sa	alisbu	ry,	Maryland
JUL 25 1990	12. REGISTRAR'S S	MATURE MANDE						

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.... 4 4 1551

Ses 1, 2, 3 should	
(1)	
BALTIMORE, MARYLAND 21203-3146 in 24 hours after death. Page 6 may be retained by the hospital or attending physicia physicia per spifficed by the functal director, page 5 should be detached for use as the burial-tra- mation, or removal. 1, the medical examiner must be notifiled at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the functal director, page 5 should be detached for use as the burial-transport or removal. TO THE FUNCEAL DIRECTOR: After this certificate and Mental Hygiene prior to burial, cremitation, or removal. TO THE FUNCEAL DIRECTOR: After this certificate and Mental Hygiene prior to burial, cremitation, or removal. TO THE FUNCEAL DIRECTOR: After this certificate and Mental Hygiene prior to burial, cremitation, or removal. TO THE FUNCEAL DIRECTOR: After this certificate the second within 2 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
20	

								90 2012	1.0
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	3. TIME OF DEATH	
		CUTTELL					990		Рм
	4. SOCIAL SECURITY NUMBER 480-68-1275	5. SEX 6. AGE (N	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	'
	9e. FACILITY NAME (If not institution, give s		rna.	Sh CITY TOW	OR LOCATION OF DE			Spencer, Iowa	1
R	NIH, THE CLINICAL				SDA, MARY			GOMERY	
CTC	RESIDENCE OF DECEDENT						Homi		\equiv
DIRECTOR	D.C.	<i>!</i>		TY, TOWN OR LOC SHINGTO:				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	10e. STREET AND NUMBER			I	101, ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	-
FUNERAL	1313 CONSTITUTION	N AVE. N.E.		1	20002		U.S	.A.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	or No-	14. RACE — American Indian, Black, White, atc.	
ВУ Е	1 XXNever Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	ZZONO NTES		specify Cuban, Mexico ES 2500NO Specif			Specify: WHITE	
	15. DECEDENT'S EDU	CATION	16a DECEDENT'S	S USUAL OCCUPA	TION	18b. KIND OF BU	SINESS/INDI		-
COMPLETED	(Specify only highest grade Elemantery/Secondery (0-12)		(Give kind of life, Do NOT	work done during use retired.)	most of working	100.14.10			
1PL		4	Minorit	y Staff	Director	United	State	s Congress	
SON	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BE (DAVID W. CUTTELL						kmest		
10	190. INFORMANT'S NAME (Type/Print) David W. Cuttell					Route Number, City or Tox			
	20e. METHOD OF DISPOSITION	20b	PLACE OF OISPO	SITION (Name of	cemetery, cremetory or	Lake, Ia		City or Town, State	_
	1 Buriel 2XX remetion 3 Rem	oval from State	cther place) Lee's C	remator	V			on,D.C.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22, NAME	ANO AOORESS OF FA	CILITY			
	1 /lexum	11/200	,	300-	4th StN	E Washingt	mpany on D.	Funeral Home C.20002-5816	3
	23. PART I. Entar the diseases, or	complications that caused	the death. Do					eat, Approximata	
	anock, or haart failure.	bnly one cause on ea						intarvai Betw Onset and De	
	disease or condition resulting in deeth)	a. Respiritor	my Face	ure					
		DUÉ TO (OR AS A	PONSEQUENCE	OF):					
ON	Sequentially ilst conditions,	b. HIJS OUE TO (OR AS A	CONSEQUENCE	OF):					
ATI	if any, leading to immediate cause. Enter UNDERLYING	· Kaposi's	Sarco	ma					
ERTIFICATION	CAUSE (Diseese or injury that initiated eventa	OUE TO (OR AS A	CONSEQUENCE	OF):					
	resulting in deeth) LAST	d							_
LC	PART II. Other algnificent condition	na contributing to deeth b	ut not resulting	in the underly	Ing ceuse given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINOI AVAILABLE ERIOR TO	NGS
EDICAL						1 🔀 YES		COMPLETION OF CAUS	SE
ME.								1 🗆 YES 2 🗀 NO	
AN:									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)			_
PHYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY		1	lome 5 - Reeldence	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCC	CURED	_
	1 🕦 Natural 5 🗌 Pending	(Month, Day, Year)	10	NJURY	WORK?				
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec		, atreet, factory, o	ffice	28f. LOCATION (Street City or Town, State		or Rural Route Number,	
ETED	4 Homicide determined	summing, and Copie				ony or rown, oran	′		
OMPLE	[Creck Only	ICIAN: To the best of my know	ledge, death occu	rred at the time, o	late end place, end du	e to the ceuse(e) end ma	nner as stat	led.	
OM	orie) 2 MEDICAL EXAMINI	ER: On the basis of examination	n end/or investige	tion, in my opinio	n, death occurad at the	s time, date end place, e	nd due to th	ne ceuse(e) end menner as state	ıd.
18									

9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892

PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

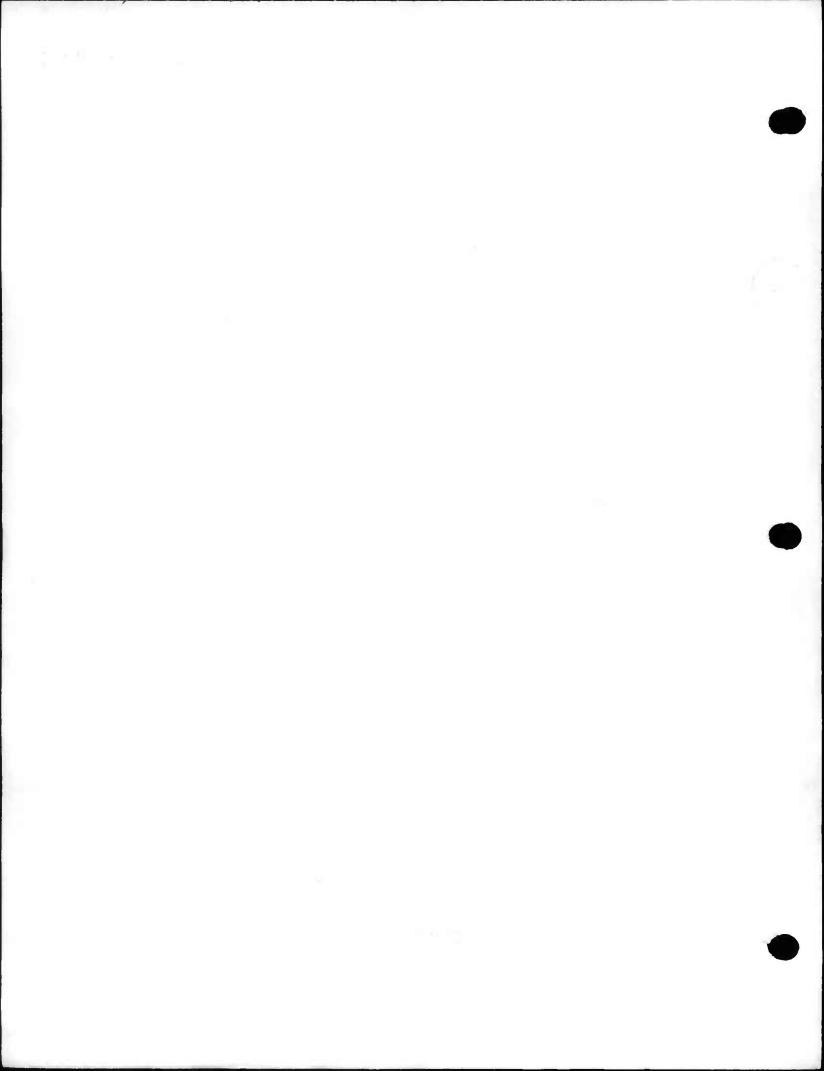
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE	STATE	0F	MARYLAND	/ DEPARTM
*	REGISTRAR			C	ERTIFIC

. STATE REGISTRAR	SIAIE UF M	IAKYLANU / DI CER	TIFICA				EN IAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)							. DATE OF DEATH		200	3. TIME OF DEATH
Bertha	L.	Da	vis				7-20-90	AY	YEAR	10:00PM N
4. SOCIAL SECURITY NUMBER 5	. SEX	6. AGE (In yrs. last bir	thday) IF U	NDER 1 YEAR	IF UNDER 2	24 HRS. 7	DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign
1	□ M 2 X F		YRS. MONT	_	HOURS	MIN.	(Month, Day, Year)	0.0	Countr	y)
e. FACILITY NAME (If not institution, give stree	t and number)	90	Ob.	CITY, TOWN	OR LOCATIO	N OF DEAT	10-8-18		NTY OF D	Md
504 Sanford Plac			90.		timor			\$6. 000	NIT OF D	CAIN
IESIDENCE OF DECEDENT				Dal	CHIOL	e cr	~Y			
De. STATE 10b. COUNTY		10	Oc. CITY, TOY	WN OR LOCA	TION					10d. INSIDE CITY
Md			Balti	mone						LIMITS?
o. STREET AND NUMBER				10	f. ZIP CODE			10c CIT	IZEN OF W	HAT COUNTRY?
504 Sanford Place					2121				SA	THAT GOOTHIT!
		T EVER IN U.S. ARMED	0	13. WAS DE	CENDENT OF	HISPANIC	ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
Never Merried 2 ☐ Merried Never Merried	IF YES, GIVE W				2 NO	Specify:	Puerto Rican, etc.)		Speci	fy:
Middwed 4 Divorced										Black
15. DECEDENT'S EDUCAT (Specify only highest grade co.		(Give I	DENT'S USUA kind of work d NOT use retir	lone during m	ON ost of working	7	16b, KIND OF BU	SINESS/IN	DUSTRY	
FATHER'S NAME (First, Middle, Last)							(First, Middle, Maiden	Surname)		
Madison Thomas					I TI	heres	a Jones			
o. INFORMANT'S NAME (Type/Print) ather Robert Kear	ns						Baltimore			2/2/7
METHOD OF DISPOSITION Method 2 Cremation 3 Remove	of from State	20b. PLACE OF other place)	Cathe	N (Name of ce	metery, creme	atory or			City or To	
□ Donetion 5 □ Other (Specify) SIGNATURE OF FUNERAL SERVICE LICEN		NEW	Cache		ND ADDRES			I G TING	лс,	mu -
. SIGNATURE OF PONESTIC SERVICE LICEN					ch F					
* Tollia	York	21					.s. Avenue			
Sequentially list conditions, f sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEQUE	INCE OF):	liovas	cular	dlse	ease			
esulting in death) LAST d. ART II, Other significant conditions	contributing to	death but not resu	ulting in th	e underlylr	o cause o	Iven in P	art I. 24e, WAS AN	ALITOPSY	24h	. WERE AUTOPSY FINDING
					10018050		PERFORM 1 TYES : INQUI	NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES X YOUNO
5. WAS CASE REFERRED TO MEDICAL				20.5	LACE OF DE	EATH MALE	k only one)		1	
EXAMINER?	IOSPITAL:	-		HER:						
AA		ER/Outpatient 3					Other (Specify)			
MANNER OF DEATH S Pending	28e. DATE OF (Month, D		8b. TIME OF INJURY	W	JURY AT ORK?		26d. DESCRIBE HOW	INJURY O	CURED	
2 Accident Investigation					YES 2	NO				
3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — A1 home, etc. (Specify)	, farm, street	, 1ectory, offi	ce		281. LOCATION (Street City or Town, State		or or Rural I	Route Number,
4 Homicide determined										
(Check only one) 1 CERTIFYING PHYSICIA CHECK ONLY ONE) 2 MEDICAL EXAMINER:										e) end menner ee stated.
SICHATURE AND TITLE OF CHIFFIEN	AL.	mal	1/8	R	29c. LICE	NSE NUME				(Month, Day, War)
MARGARITA A. KORE		SE OF DEATH OTEM 2	7) (April Print		1 Pen	n Sti	reet,Balt	imore	e,MD	21201
1. DATE FLED WONN, TOUR	TO THE PARTY OF	R'S SIGNATION								



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

1 - STATE REGISTRAR	STATE UF N		ERTIF	ICATE			ГН		REG. NO.	7	U.	LUIDY
1. DECEDENT'S NAME (First, Middle, Last)	. EVA	FAYE	DECK	_				2. DATE C			YEAR	3. TIME OF DEATH
EVA FAXE		KER						7	0		70	1600 M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Month,	F BIRTH 8/	13/31.	6. BIRTH Countr	IPLACE (State or Foreign ry)
553-44-2336	1 □ M 2 🔀 F	60 58	YRS.						3/29		Oh	
9a. FACILITY NAME (If not institution, give st		,					ON OF DE	ATH		9c. COUN		
PHADY GRAVE ADU	ENTIST	HOSPIT,	714	Roc	KUIL	LE	_			HON	160	HORY
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
Maryland Mon	tgomery		Gai	ther	sbur	g						1 🔀 YES 2 🗌 NO
10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CITIZ	EN OF Y	VHAT COUNTRY?
10258 Ridgeline						208	79			1	JSA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF		13.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN?	(Specify Yea can, etc.)	or No-	14. RACE Black	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 🔀 NO	Specify	:			Speci	"y: White
15. DECEDENT'S EDUC	CATION	16a. DE	ECEDENT'S	USUAL O	CCUPATIO	N .		16b.	KIND OF BUS	INESS/IND	USTRY	
(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 8 -	. Ille	ive kind of a Do NOT u	se retired.)								
12th		Go	Unit	ment	emp	loye	e		Non	ie		
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Mi	iddie, Maiden	Surname)		
Lon Surratt, Sr.						L	<u>i111i</u>	e Tho	mas			
19a. INFORMANT'S NAME (Type/Print)		19							er, City or Town			
Gregory T. Decker	. Sr.							Gait	_			20879
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramo	oval from Stata	20b. PLACE other pi	lace)							CATION —		
4 Donation 5 Other (Specify)	ENDEL A	_ Kes	thav				Gard SS OF FA		<u> </u>	rede	rick	Md.
DILO	Dell.	NA							SON	FUNE	RAL	HOMES, P.A.
(Jakob) T	Durin	1-11						- 1				-,
		1/	-									ld. 21701
23. PART I. Enter the diseases, or cashook, or heart fallure.	Ompliquations the	t caused the de	eath. Do									Approximate interval Between
IMMEDIATE CAUSE (Finel	Oliphications the	t caused the deseron each line	eath. Do									Approximate
A STATE OF THE PROPERTY OF THE	· Lu	100	201	not enter								Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition	· Lu	t caused the design on each line (OR AS CONSE	201	not enter								Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	DUE TO	100	COUENCE O	OF):								Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS CONSE	COUENCE O	OF):								Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS CONSE	OUENCE O	OF):								Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSE	OUENCE O	OF):								Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO DUE TO OUE TO	(OR AS A CONSE	EQUENCE O	not enter	r the mo	de of dy	suci	h es cerdi		ratory error	est,	Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO DUE TO OUE TO	(OR AS A CONSE	EQUENCE O	not enter	r the mo	de of dy	suci	h es cerdi	ec or respi	AUTOPSY	est,	Approximate interval Between Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death D
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO DUE TO OUE TO	(OR AS A CONSE	EQUENCE O	not enter	r the mo	de of dy	suci	h es cerdi	ec or respi	AUTOPSY	est,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO DUE TO OUE TO	(OR AS A CONSE	EQUENCE O	not enter	r the mo	de of dy	suci	h es cerdi	ec or respi	AUTOPSY	est,	Approximate interval Between Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death D
immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO DUE TO OUE TO d. s contributing to	(OR AS A CONSE	EQUENCE O	not enter	r the mo	g cause	given in	h es cerdi	24a. WAS AN PERFOR	AUTOPSY	est,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO DUE TO OUE TO d. s contributing to	(OR AS A CONSE	COUENCE O	OTHE	r the mo	g cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	est,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within explored that he death or strending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYL	AND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENI
	CE	ERTIFICATE	0	F DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)	S. Demby		2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/8-0/-434/ 9a. FACILITY NAME (If npt institution, give str	1 M 2 L F Z YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year)	9c. COUNTY	BIRTHPLACE (State or Foreign Country) OF DEATH
POP/AT	MANOR	BAIto. Mo	1		
10e. STREET AND NUMBER	19 140 r 100. CITY	, TOWN OR LOCATION		10- CITIZEN	10d. INSIDE CITY LIMITS? 1 TES 2 NO OF WHAT COUNTRY?
33/3 POM	12. WAS DECEDENT EVER IN U.S.JARMED	13, WAS DECENDENT OF HISPA	MIC ORIGIN? (Specify Ye	6	RACE — American Indian,
1 Naver Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxic 1 VES 2 NO Spec	an, Puerto Ricen, etc.)		Black, White, etc. Specify: B/ACK
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (9-12)		USUAL OCCUPATION ork done during most of working e retired.) KDL/VE		JSINESS/INDUST	Transfer
THAT DENS	by	18. MOTHER'S N	AME (First, Middle, Meiddle)	Den b	y
ROSHA Lee	29/	2 W. Lafaye	the Are	wn, State, Zip God	4
20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	Mo	TION (Name of cometery, crometory or LNAT MEH	Park La	ocation — city	or Jown, State
21. SIGNATURE OF FUNERAL SERVICE LICE	Ghron	March F	H-West	hash	Are
23. PART I. Enter the diseases, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the death. Do notice that only one cause on each line. August Min August Min August Min August Min August Min Min Min Min Min Min Min Min Min Min		ch as cardiac or res	piratory arrest	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF				
resulting in death) LAST	J				
PART II. Other algnificant conditions	e contributing to death but not resulting in	n the underlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 3-400
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 D Nursing Home 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	E OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	treet, factory, office	28f, LOCATION (Street City or Town, State	t and Number or f	Rural Route Number,
anal comp	CIAN: To the best of my knowledge, death occurre				suse(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	Cun m	29c. LICENSE NI		29d. DATE SI	(Monthly Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	21.0	UNTIONA	P114	e ECMU
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE				N/VI

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

urs after death. Page 6 may be retained by the hospital or attending

BALTIMORE, MARYLAND 21203-

FOR

THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mours after death, Page 6 may be retained by the huspital THE FUNEPAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. item 23 shows any injury, or other traumatic event, the medical examiner must IMPORTANT: It Item 28 is marked, or

8 Could not be determined

3 Sulcide

4 Homicida 29a. CERTIFIER

COMPLETED

BE

2

23

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR		CE	RTIF	ICATE	E OF	DEA	TH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	IE (First, Middle, Last)							2. DATE O	F DEATH			3. TIN	E OF DEATH
	BRAWLEY	DAV	'IS						MONTH	23	ľ	YEAR 9		9:10 A .
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest						7. DATE O			6. BIRT	HPLACE	(State or Foreign	
	220-03-2573	1√2 M 2 □ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) 0/17		Sa	_	ROLTNA
	9s. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D		0/1/		NTY OF		KULLIVA
DIRECTOR	FRANCIS SCOTT	VEV			, n	אד תו	TWO	DT /	3 T (11) X					
	RESIDENCE OF DECEDENT	KEI				ATL	TMOI	KE (CITY					
黑	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. II	NSIDE CITY
AL DI	MARYLAND			E	BALT	IMO	RE (CITY	Č					YES 2 NO
	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT C	OUNTRY?
E	207 CHESTNUT S	TREET					212	222				US	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN					ENDENT (OF HISPA	NIC ORIGIN?		n or No—			erican Indian, n, atc.
	1 Never Married 2 Married	IF YES, GIVE W	X YES 2 □ N AR OR DATES	Ю			ecify Cubi		an, Puarto Ri fy:	can, etc.)		Spe		i, irtc.
BY	3X Widowed 4 □ Divorced											BI	ACI	X
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gi	CEDENT'S	work done	during mo	ON ast of worki	na	16b. 1	CIND OF BU	SINESS/IN	DUSTRY		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 +	Min	Do NOT us	se retired.)									
I I														
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First, Middle, Melden Surname)								
BE (JOHN DAVIS FANNIE BYRD													
	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRES	S (Street a	and Numbe	r or Rural	Route Numbe	r, City or Tow	n, State, Zi	ip Code)	212	208
5	JOHN C. DAVIS			7204	VA	LLE	Y CO	CNUC	RY C	OURT	: BA	ALTO		
	20s. METHOD OF DISPOSITION 143 Buriel 2 Cremetion 3 Rem	and from State	20b. PLACE (OF DISPO						20c. LC	CATION -	City or T	Town, Sta	rta
	4 Donation Other (Specify)	TOTAL STATE	GARI	RISC	N F	ORE	ST C	EME	TERY	OW	TMGS	> MI	ر بادادا	, MD.
	21. SKIMATURE OF TUNERAL SERVICE LI	CENSEE	4.0		22.	NAME A	ND ADDRE	ESS OF F	ACILITY					
	* LOLAY		-11	-	LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE							HOME		
	Jyrug	· \\\												A
	23. PART I. Enter the diseases or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Fin									Onset and Death				
	disease or condition													
	DUE TO (OR AS A CONSEQUENCE OF):													
N	Samuelle Het and Hilliam D. uschenuc Carolinago att													
Ë	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	cause, Enter UNDERLYING CAUSE (Disease or injury													
Ŧ	that initiated events resulting in death) LAST	DUE TO	TON AS A GONSEC	SUENCE O	9									
CERTIFICATION	readiting in death, Exor	d												
	PART ii. Other significant condition	na contributing to	death but not r	esuitina	in the u	nderivin	a cause	alven ir	Part i.	24a. WAS AI	N AUTOPSY	24	Ib. WERE	AUTOPSY FINDINGS
CA	Charies 11	and 1								PERFO	RMED?			ABLE PRIOR TO
ā	- Counce review received									1 TYES	2 NO		OF DE	EATH?
M				-					— I				1 [YES 2 NO
Ä														
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only one)				
YSI	1 TES 2 NO	Typetient 2	ER/Outpatient 3	_	4 🗆 Nü	rsing Hor		Residence	6 🗆 Other					
PHYSICIAN: MEDICAL	27. MANNER OF BEATH	28a. DATE OF (Month, D	INJURY lay, Ybar)	28b. TIA	AE OF JURY	W	JURY AT ORK?		28d. DE\$0	RIBE HOW	INJURY O	CCURED		
ВУ	Natural 5 Pending Investigation				М	1 🗆	YES 2	□ NO						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. tion and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated

29c. LICENSE NUMBER
D 38849 29d. DATE SIGNED (Month, Day, Year)

7/23 8 0

28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

1		STATE
	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH PEG NO.

REGISTRAR		CERTIFIC	AIE OF D	EAIH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Americus P. Dil	Varino				2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER				UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year) 2-15-18	8. B	IRTHPLACE (State or Foreign ountry)
218-07-2206 9a. FACILITY NAME (If not institution, give st		1000	2001				Md.
Meridian Homewood		90	9b. CITY, TOWN OR LOCATION OF DEATH Balto.				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		IIV. I amy					
Md.			own or location Balto.				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER			10f. ZIF	CODE		10g. CITIZEN	OF WHAT COUNTRY?
4740 Elison Ave	12. WAS DECEDENT EVER I		L 1111 A A A A A A A A A A	21206			SA
1 Never Married 2 Married 3 Widowed 4 Divorcad	FORCES? 1 YES	2 NO	If yes, specify		IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)		RACE — American Indian, Black, Whita, etc. Specify: White
15. DECEDENT'S EDU		18a. DECEDENT'S USL	JAL OCCUPATION	ttla.a	18b. KIND OF BU	SINESS/INDUST	RY
(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of tired.)	r wonang			
		Sheet Me	tal		Martin	S	
17. FATHER'S NAME (First, Middle, Last)			16	. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)	
Antonio DiMar:	ino			Elena	Mancini		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	DRESS (Street and I	Number or Rural F	loute Number, City or Tow	n, Stata, Zip Code	0)
Dorothy M. DiMar:					Balto., Md		
20a, METNOD OF DISPOSITION 1 🖾 Buriel 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 5 🗀 Other (Specify)		other place) Parkwood C		ry, crematory or		cation - city alto.,	
21. SIGNATURE OF FUNERAL SERVICE LIC		<u>Larkwood</u> C	22. NAME AND A			arto.,	riu.
1 (dom)	maly	_ 7			Rd. Balto.	Md.	21206
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF):	euroya	rí M			
	d						
PART II. Other eignificent condition	e contributing to death b	out not resulting in t	he underlying c	euse given in	Pert I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				E OF OEATH (Ch	eck only one)		
1 YES 2 -NO	HOSPITAL: 1 Inpatient 2 ER/Out		Hersing Nome	5 🗆 Rasidanca	8 Other (Specify)		
27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK		28d. DEŞCRIBE NOW	INJURY OCCURE	ED
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre	et, factory, offica		28f. LOCATION (Street City or Town, State	and Number or R	lural Route Number,
one)	ICIAN: To the best of my know						use(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R Dle		21	D2712	MBER	29d. DATE SK	SNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type, Pri		د.	Rankust	سدر سز) sli3T
31. DATE FILED (Month, Day, Year) JUL 25 199		NATURE RANDARD					

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bus be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

be notified at once.

must

examiner or removal. other traumatic event, the medical cremation, Hygiene prior to burial, 0 OR ATTENDING PHYSICIAN: The law requires that the death has been signed by the atter Dept. of Health and Mental Injury, 23 shows any item THE HOSPITAL OR ATTENDING PHYSICIAN; The THE FUNERAL DIRECTOR: After this certificate if filed within 72 hours after death with the State if 6 marked, 89 50 Item

=

BE

0

2 MEDICAL EXAMINER: On the beele of examin

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A P. REDISTRAP'S SIGNATURES

29b. SIGNATURE AND TITLE OF CERTIFIER

TO THE HOSPITA
TO THE FUNERA
DE filed withIn 72
IMPORTANT: II

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH lar MONTH 071 04 S. SEX A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign nth, Day, Year DAYS HOURS 1 - M 2 5 F 9c, COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF IDe. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 NES 2 NO FUNERAL 10e. STREET, AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2 rive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY adl 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest gi (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last). 18. MOTHER'S NAME (First, Middle, Maiden Surneme BE 19b. MAILING ADDRESS (St 2 21201 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of c Buriel 2 Cremetion Men Donetion 5 - Other S offy) 21. SIGNATURE OF FUNE mass. Dr complications that caused the death. Do not enter the mode of dying, 23. PART I. Enter the dis such as cardiac or respiratory arrest. **Approximata** shork, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) netastal CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 |-NO lent 2 - ER/Outpatient 3 - DOA 5 Desidence 6 Other (Specify) 4 Nursing Home 26b. TIME OF INJURY 27. MANNER OF DEATH 28e. DATE OF INJURY 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 -Watural 5 Pending 7/22/ 1 YES 2 NO 11:15 BY 2 Accident 28e. PLACE OF INJURY — At hom building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide ED 8 Could not be 4 Homicide COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated

730

29c. LICENSE NUMBER

35

DHMH-16 Rev 1/89

29d, DATE SIGNED (Month, Day, Year)

OHMH-18 Rev 1/89

		shrufe
(1	Parent 1 2 Mg
MARYLAND 21203-3146	be retained by the hospital or attending physician	as 5 chould be detached for use as the burial transmit name
MARY	be retained b	A School

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI	E
	CI	ERTIFICATE	OF	F DEAT	H		REG. NO.	

REGISTRAR				ICATE		7111		REG. NO.		
1. OECEOENT'S NAME (First, Middle, Last) FER WKAS	Elizabe	th Virg	ginia eH.	Fern	cas		2. DATE OF MONTH	DAY 2.2	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-34-1122	5. SEX 1 M 2 F	6. AGE (In yrs. las	si birthday) YRS.	IF UNDER 1 Y	EAR IF UN	DER 24 HRS. MIN.	7. DATE OF (Month, D		Coun	HPLACE (State or Foreity) ryland
9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LOC	ATION OF DI			COUNTY OF	
Homewood Hospit	al			Bal	timore	e Cit;	у			
10a, STATE 10b, COUNT	y		10c CIT	Y, TOWN OR I	OCATION	Down	ry Hal	1		10d. INSIDE CITY
	timore						ve. 21			LIMITS?
100. STREET AND NUMBER 3901 Schroeder	Ave.				101. ZIP C	ODE 21236		10g.	CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES X IF YES, GIVE WAR OR DATES			RMED NO	II ye		uban, Maxica	an, Puarto Rici	Specify Yea or No an, etc.)	Bla	ck, White, atc. white
15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	(G	live kind of a	USUAL OCCL		orking	16b, KI	ND OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+)			Unem	ploye	1			Unempl	oveed	
17. FATHER'S NAME (First, Middle, Last)						OTHER'S NA	ME (First, Mick	dle, Malden Sumai		
Joseph R. Fernk	as					Hei	Len Do	ra Isne	r	
19a. INFORMANT'S NAME (Type/Print)		19				ber or Rural	Route Number,	City or Town, Stat	e, Zip Code)	
Mary Fernkas			3908	Schr	oder A	ve. 1	Balto.	, Md.	21236	
20a METHOO OF DISPOSITION ALL Burial 2 □ Cremation 3 □ Ramoval from State 20b. PLAC				E OF OISPOSITION (Name of cemetery, crematory or Discos) 28c. LOCATION — City or Totologo						Town, State
4 Donation 8 Other (Specify)	Jos	eph Church Cemetery Fullerton, Maryl						Maryland		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home 7401 Belair Rd. Balto., Md. 212										
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	complications that List only one caus	caused the dese on each line	n.	not anter th	a moda of	dylng, suc	ch as cardla			Approximate Interval Bet Onset and I
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (caused the dise on each line and and and and and and and and and and	OUENCE O	not anter th	a moda of	dylng, suc	ch as cardla			Approximate Interval Bet
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (caused the dese on each line and a conse Hypotel OLAS A CONSE E/HF.	OUENCE O	not anter th	a moda of	dylng, suc	ch as cardla			Approximate Interval Bet
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (c. OUE TO (caused the dise on each line and and another the constant another the constant and another the c	OUENCE OF	not anter th	a moda of	dylng, suc	est -		y arrest,	Approximate Interval Bet
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	DUE TO (DUE TO	Caused the dise on aach line and is on aach line and is on a conse	OUENCE O QUENCE O QUENCE O A ST VA OUENCE O OUENC	OTHER: 4 Nursing BE OF JURY M atreet, factory	riying cause 28. PLACE O 9 Home 8 10. NJURY A WORK? 1 YES 1 office	dying, such dying, such dying, such dying, such dying, such dying see given in the seedence of the dying see, and duing coursed at the LICENSE NULLICENSE	Part I. 2. 1 Part I. 2. 1 Other (S 28d, DESCF City or a to the cause a time, data ar	4a. WAS AN AUTO PERFORMEDT YES 2 N Specify) RIBE HOW INJURY HON (Street and No. Town, State) (a) and mannar and place, and dua	PSY 24 OCCURED umber or Rura as stated.	Approximate Interval Bet Onset and I Interval Bet Onset and I Interval Bet Onset and I Interval Bet Onset and I Interval Bet Interval B

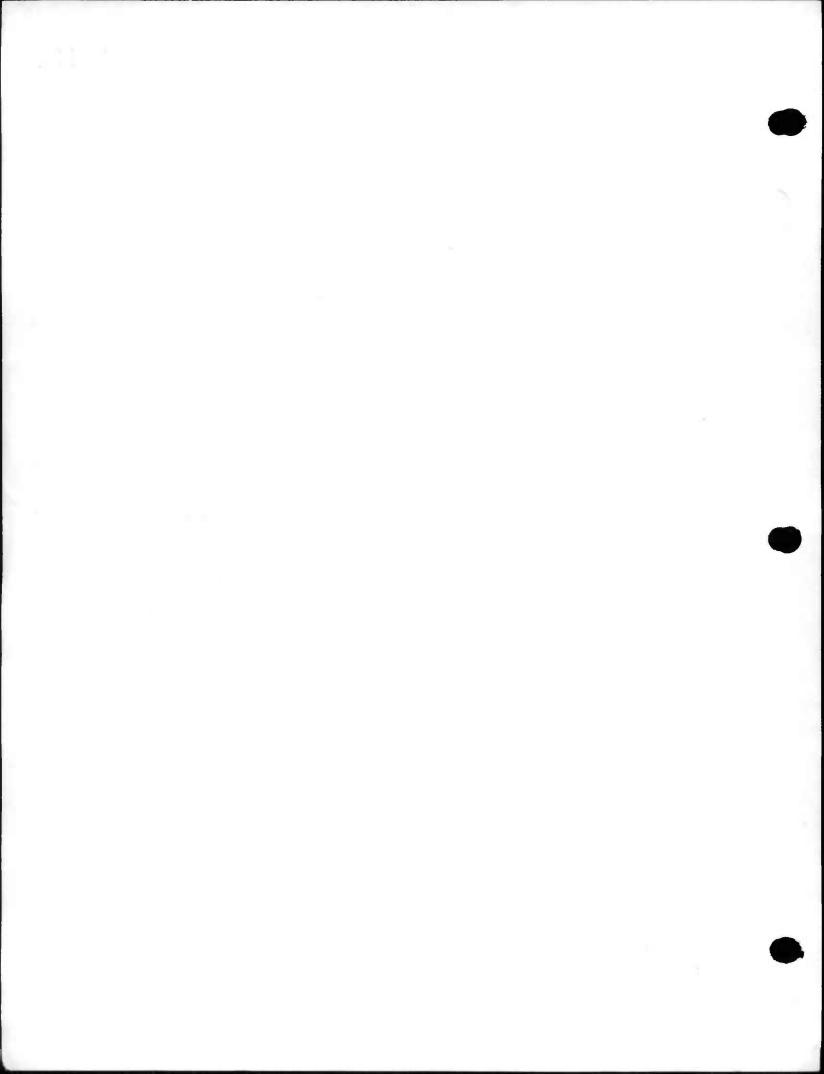
MARKET AND THE STATE OF THE STA

BALTIMORE, MARYLAND 21203-3146

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 236-18-9692 90. FACILITY NAME (If not institution, give 15 Glen Gate Ct. RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Charles A. Ear	rnest.			2. DATE OF DEATH			
236-18-9692 90. FACILITY NAME (# not institution, give 15 Glen Gate Ct. RESIDENCE OF DECEDENT	5. SEX 6. AGE (/n				July 20	1990	3. TIME OF DEATH	
15 Glen Gate Ct.	1X M 2 🗆 F 70	YRS.	IF UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 12, 1	920 °V	ATHPLACE (State or Foreign Vest Va.	
	street and number)		Bel Ai	R LOCATION OF DE	ATH	Harfor		
Maryland	Harford	10c. CITY,	TOWN OR LOCAT	Bel Ai	ir		10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER	len Gate Ct.		101.	21014		U.S.A.	F WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2XX Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 7 YES IF YES, GIVE WAR OR DATE 1943-1945	U.S. ARMED 2 NO IES	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	B	ACE — American Indian, ack, Whits, atc. Pecify: White	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	Ille. Do NOT use	rk done during mot retired.)			ISINESS/INDUSTRY		
12 yrs 17. FATHER'S NAME (First, Middle, Last) Samuel Farnact					Steel M ME (First, Middle, Melder Alice	Surname)		
Samuel Earnest 19a. INFORMANT'S NAME (Typo/Print) Nancy C. Hanna					Route Number, City or Tov	vn, State, Zip Code)		
				netery, crematory or	20c. LC	sville,		
21. SIGNATURE OF FUNERAL SERVICE L				Belair F	E.F.La Rd.Kingsvi		uneral Home 21087	
23. PART I. Enter the diseases, or shock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Motasta	ch lina.					Approximate Interval Betwee Onset and Date 5 Month	
Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
PART II. Other significant condition	ons contributing to death bu	it not resulting in	tha underfying	g ceuse given in		AMED?	24b. WERE AUTOPSY FINDIN' MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Ch				
1 YES 2 NO 27. MANNER OF CEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Output 28s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ		6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURE		
2 Outside	Accident Investigation Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, building, stc. (Specify)				261. LOCATION (Street City or Town, State	reet and Number or Rural Route Number, tete)		
cool only	SICIAN: To the best of my knowle						se(s) and manner as stated	
296. SIGNATURE AND TITLE OF CERTIFI	M. Offee	_ M. D	•	MO 0	MBER 3	29d. DATE SIGN	NEO (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Elizabeth M. Jaffee JHOC GOO N. Wolfe St. Battimore, MD 21205								



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTE	RA
1.	ECEDENT'S	P
	DENT	-

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FLEISCHER, ISERE ELILAG N218 FGQC163532 07/19/90

	1 - STATE REGISTRAR	SIAIL OI	WARTLAND	CERTIF	ICATE	OF I	DEATH	MENIAL HYGIE REG. N		00	0133
	1. OECEDENT'S NAME (First, Middle, Last)	•		1.74	e s	-	900 63		-	3. T	IME OF DEATH
	IRENE E	LIZABET	4	FLETS	SCHER	2		July 24			0:00 . A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1	-	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPLAC	E (State or Foreign
	213-40-0018	1 🗆 M 2 😡 F	82	YRS.	MONTHS I	DAYS	HOURS MIN.	(Month, Day, Year)	07	Country)	
	9a. FACILITY NAME (If not institution, give	Λ	0 4		Oh CITY T	DWN OB	R LOCATION OF DE	12-1-19	_	UNTY OF DEATH	olina
œ								SAIN			
2	Fallston Gener	al Hosp	<u>ital</u>		Fall	sto	on		Ha	rford	
E	10e. BTATE 10b. COUN	10c. CIT	Y, TOWN OR	LOCATIO	ON			10d.	INSIDE CITY		
DIRECTOR	Maryland Bal	timore		Ba	ldwin	1				10	LIMITS? YES 2 X NO
100	10e. STREET AND NUMBER				2 0 11 2 11		ZIP CODE		10a, CI	TIZEN OF WHAT	
FUNERAL	2708 Crystal L	ane				21	1013		121	S.A.	
ŽΙ	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13. W/			NIC ORIGIN? (Specify)	1		marican Indien,
BY FL	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES?		<u> </u>	If y	yes, spec		in, Puerto Rican, etc.)		Specify: White	ite, etc.
	15. DECEDENT'S ED		180.	DECEDENT'S	USUAL OCC	CUPATION	N	16b. KIND OF 8	USINESS/II		
	(Specify only highest grade Elementary/Secondary (0-12)	le completed) College (1-4 or 5		(Give kind of life, Do NOT us	work done dui se retired.)	ring most	t of working				
7		3 Years		Jurse				IInivo	reit	v of M	ID Hosp.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	J ICUID	1	varse		T	16. MOTHER'S NA	ME (First, Middle, Meld			ID HOSP.
	Samuel Morg	an 1	Hamric	ale				CA' EL EGAL SEG		,	
BE	19e, INFORMANT'S NAME (Type/Print)	311	Tamil IC		AODRESS (Street an	Emma	Route Number, City or T	Deal State	Zin Codel	
임	Elizabeth J. I	m = n									21012
			20b. PLA				etery, crematory or	Baldwin		- City or Town, 1	
	20e METHOD OF DISPOSITION 1 M Puriel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	noval from State	othe	er place)							
	21. SIGNATURE OF FUNERAL SERVICE I	CENSEE	<u> </u>	erand			lal Par		LUO.	CO. Ma	ryland
	· Jahn to	Jolon	/		Wi 85	11i	iam E. Loch F	Johnson Raven Bl	P.A	.Funer	al Home MD21204
	23. PART I. Enter the diseases, or	complications th	et ceused the	death. Do							Approximate
	shock, or heart fellure	. List brily bne ca) l	iine.						j	Interval Between Onset end Desth
	disesse or condition		and	vae	ar	ner	<i></i>			j	
	resulting in death)	DUE TO	O (OR AS A COR	BEOUENCE O	F):	227		/	1) 1-	+1	
z		h	CH	nd	Sla	PR	m	Lamie	Kea	w an	
CERTIFICATION	Sequentisity list conditions, if any, leeding to immediate	DUE TO	OR AS A CON	SEQUENCE O	62	4	· 10-0				
2	CAUSE (Disease or injury	C		5	ev e	ne	(ash)				
H	thet initiated events resulting in death) LAST	DUE TO	OR AS A CON	ISEOUENCE O	F):		•			İ	
H	Testiting in death) EAST	d									
	PART II. Other significant condition	pe contributing to	death but n	oresulting	in the und	lerlying	ceuse given in	Part i. 24s. WAS.	AN AUTOPS	Y 24b. WE	RE AUTOPSY FINDINGS
5	1	() (bu)	d au	MA	ma		,	PERF	ORMEO?		ILABLE PRIDR TO MPLETION OF CAUSE
G	100	rearing	1	Do	11	1	in dom	1 🗆 YES	2 NO		DEATH?
Σ		un us	-U	1	The	10	40000	5_		1 [YES 2 NO
AN	OF THE CASE DESIGNED AND INC.					4					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (C)	neck only one)		-	
YS	1 VES 2 NO	1 Inpatient 2		-				6 Other (Specify)			
표	27. MANNER OF DEATH 1 Retural 5 Pending	26e. DATE C (Month,	F INJURY Day, Year)	28b. TIR	JURY 2	26c. INJU WOF	RK?	28d. DESCRIBE HO	V INJURY C	OCCURED	
BY	2 Accident investigation				М		ES 2 NO				
	3 Suicide 8 Could not b	28e. PLACE building	OF INJURY — A p, etc. (Specify)	t home, farm,	street, fector	ry, office		28f. LOCATION (Stree City or Town, Str	et and Numi te)	ber or Rural Route	Number,
	4 Homicide determined										
PL		SICIAN: To the best	of my knowledge	e, death occur	red at the tim	ne, date (end place, end due	e to the cause(e) end r	nenner as s	stated.	
COMPLETED	one)	NER: On the basis of	examination end	d/or investigati	on, in my op	inlon, de	eath occured at the	time, date and place,	end due to	the ceuse(e) en	f manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIF	ER //	11 /	^ A		T	29c, LIGENSE NU	MBER	29d. D	ATE SIGNED (Mo	rith, Day, Year)
) BE	1 1	CV.	V.	J.V	AIR	.		16444	•	7/2	4190
5	30. NAME AND ADDRESS OF ERSON V	THO COMPLETED CA	USE OF DEATH	(ITEM 27) NO	s, Print)					1	
	31. DATE SILED (Month, Day, Year)	82. REGISTI	AR'S SIGNATUR	RE .	1,						
	UULA 3 1330	grina Da	idson-Ro	nach	-11						

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	he medical examiner must be notified at onc
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the i
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pail	P
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	FOR STATE REGISTRAR	SIAIE OF	MARYLAND A	ERTIF					#EN IAL	REG. NO.	<u> </u>			
1. 0	OECEOENT'S NAME (First, Middle P)	hillip	Lee		Frye	е			MONTH	of DEATH 2.2-1990	5	YEAR	3. TIME OF DEATH 3:15PM	M
500	217-76-3811	5. SEX 1 M 2 F	8. AGE (In yrs. le	est birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	MIN.	(Month	OF BIRTH 1, Day, Year) -17-6		Countr		n
	RAZOR BACK QU	uarry off	Route 13	6				on of DE			9c. COUNT Harf		eath County	
0 1	0e. STATE 10b.	COUNTY BALTIMOR	Ē		Y TOWN OF		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	0
FUNERAL 11.	00. STREET AND NUMBER 13 F. VALLE	EY HARBO	R CT			10f	212	lai			US		WHAT COUNTRY?	
3 6	1. MARITAL STATUS Never Merried 2 Merrie Widowed 4 Olvorced	ed FORCES?	ENT EYER IN U.S. AI 1 VES 2 C WAR OR DATES	RMED NO	10	yes, spe	ecity Cubi		n, Puerto F	i? (Specify Yee Rican, etc.)	or No—	Speci	E — American Indien, k, White, stc. HITE	
COMPLETED	15. DECEDENT (Specify only higher Elementery/Secondery (0-12)	T'S EDUCATION est grade completed) College (1-4 or 5	(C	DECEDENT'S (Give kind of wife. Do NOT us	work done do se retired.)	luring mo	st of worki			B.G	SINESS/INDU	STRY	1	
17.	7. FATHER'S NAME (First, Middle, L	Last)		ATIO	IVANI		18. MOT		ME (First, A	Middle, Maiden	Surneme)			
0 19	PATRICIA J. 1	FRYE			CHES				BAL7	ber, City or Tow	n, State, Zip C	23	7	
11	0a. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Donation 5 Other (Speci	offy)	other p	E OF DISPOS place) RDEN	SOF	FA	ITH				ALTO.	~ ~	own, State	
21.	1. SIGNATURE OF TUNERAL SER	RVICE LICENSEE	Dy		22. N C 12	IRCA	1/20:	SED AI	LE FI	BALTO	- HOME	ar	237	
iN di	23. PART I. Enter the disease ahook, or heart findmeDiATE CAUSE (Finel disease or condition resulting in death)	failure. List only one co		na. nd of	chest		da of dy	ring, suci	h as card	flec or resp	iratory arre	nt,	Approximate Interval Betty Onset and D	wee
IFICATI	Sequentially flat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	c	TO (OR AS A CONSI											_
_ P/	PART II. Other eignificent co	anditiona contributing	to death but not	resulting	in the und	dariyin	g ceusa	given in	Part i.	24a. WAS AN PERFOI	RMED?		b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	USE
CICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:	≥ □ ER/Outpatient	2 🗆 1004	OTHER	3:			heck only or		Pagorh		Outour	_
BY PHYSICIAN: MEDICA	27. MANNER OF DEATH 1 Natural 5 Pendi	ling 28e. DATE (Month,	OF INJURY , Day, Year) 22-90	28b. TIM IN. 140	ME OF JURY M	28c. INJ W0	JURY AT ORK? YES X		28d. DE	SCRIBE HOW	INJURY OCCU	URED	. Quary .e swimmir	ne
	3 Suicide S Could	mined buildin	OF INJURY At 1 ng, etc. (Specify)	Q	uarry	У			Razo		, k Quar	ry/	Rt. 136,	_
OM C	one) MEDICAL E	NG PHYSICIAN: To the best EXAMINER: On the basis of												ted.
TO BE	PARTURE AND TITLE OF C	2/2					29c. LI	OCME			29d. DATE		D (Month, Day, Year)	
1	ANN M. DIXON			Penn		oot	Dal+	-imor	o MD	21201	1		VC	~

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified a

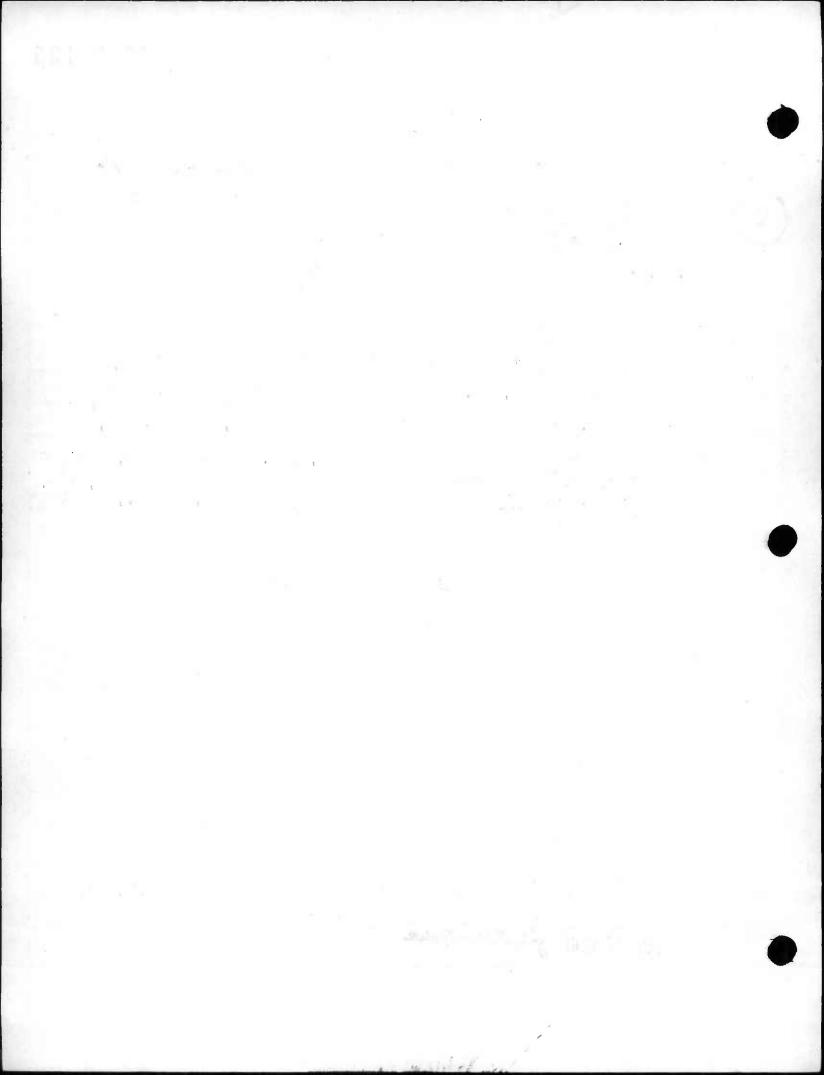
1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	D MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Las		EANOR FRAN	тим	2. DATE OF DEATH MONTH DAY	YEAR 90 10:15 A M
4. SOCIAL SECURITY NUMBER 212-10-4893	1 🗆 M 2 💢 F	81 YRS. MONT		(Month, Day, Year) 4-5-1909	6. BIRTHPLACE (State or Foreign Country) MARYLAND
9a. FACILITY NAME (If not institution, gived HOMEWOOD HOSPIT		9b.	BALTIMORE		C. COUNTY OF DEATH
10e. STATE 10b. COU	BALTIMORE	10c. CITY, TO	WN OR LOCATION EDGEM	ERE	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 7425 CHESAPEAKE	DRIVE		101. ZIP CODE	1219	0g. CITIZEN OF WHAT COUNTRY? U.S.A.
11. MARITAL STATUS 1 Never Married 2XX Married 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO Sp	PANIC ORIGIN? (Specify Yea or xican, Puerto Rican, etc.) ec/ly:	No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S E (Specify only highest gruen specific only	DUCATION ide completed) College (1-4 or 5+) N/A	16e. DECEDENT'S USU/ (Give kind of work of life. Do NOT use reti HOME	lone during most of working ad.)	16b. KIND OF BUSIN	ess/industry)ME
17. FATHER'S NAME (First, Middle, Leet) CHARLES E. KIPI	D			NAME (First, Middle, Melden Sur NIE E. HOPPS	mame)
19a. INFORMANT'S NAME (Type/Print) DUANE S. FRANTO		The state of the s		IVE BALTIMO	Stere Zip Code) DRE, MARYLAND 21219
20e. METHOD OF DISPOSITION XXX Suriel 2 Cremation 3 R. 4 Donation 5 Other (Specify)	amount from Ctota	K IAWN CEM	Name of cometery, crematory ETERY 7-24-1	990 BALT	TION — City or Town, Stata TIMORE, MARY LAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	_	OUDA-RUCK FUI 1922 WISE AVI	VERAL HOME OF ENUE DUNDALK	DUNDALK, INC.
23. PART I. Enter the diseases, on the enter fellul immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	a. DUE TO (OR AS.		Mac Jail		Approximate interval Between Onset and Deeth
if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	a metals	A CONSEQUENCE OF):	losis		8°
PART II. Other significent condit		but not resulting in th	e underlying cause giver	1 in Part i. 24a. WAS AN AU PERPORMI 1 YES 2	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? COLLING, AND TO CALL THE COLLING OF TH	HOSPITAL:	patient 3 DOA 4 D	26. PLACE OF DEATH HER: Nursing Home 5 Rasider		
27. MANNER OF DEATH Marke ((Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED
3 Suicide 6 Could not 4 Homicide detarmined	building, etc. (Spe	Y — At home, farm, street ocify)	, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
nee)	INER: On the basis of examination				or as stated. dus to the cause(s) and manner as stated.
29KYSIGNATURE AND TITLE OF CERTI	ly us		29c. LICENSE		29d. DATE SIGNED (Month, Day, Year) 120/90
30. NAME AND ADDRESS OF PERSON		EATH (ITEM 27) (Type, Prin			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem-	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
2	2	2	3
-	-	_	_

Carla S. Alexander,
31. DATE FILED (Morth, Day, Year)
JUL 25 1990

FOR 1 - STATE REGISTRAR			CATE OF		MENTAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) BRUCE	Bruce Wr	ight Ger	ke KE		2. DATE OF DEATH MONTH	14 98	3. TIME OF DEATH 12:40 A M
4. SOCIAL SECURITY NUMBER 156 32 9925	1 ≤ M 2 □ F	GE (In yrs. last birthday) 47 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year)	42	BIRTHPLACE (State or Foreign Country)
98. FACILITY NAME (if not institution, give str Stella Maris Ho RESIDENCE OF DECEDENT			9b. CITY, TOWN (OR LOCATION OF DE	ATH	Bal	of DEATH timore
100. STATE 10b. COUNTY Maryland Harf	ord		town or Local				10d. INSIDE CITY LIMITS? 1 YES 2 NO
P. O. BOX 789 1. MARITAL STATUS 1. Naver Merried 2. Merried			10	21 040 -	0789	78 10 10 10	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y	ES 2 X NO	If yes, sp		IIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	ea or No— 14.	RACE — American Indien, Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)			usual occupation doring more doring more retired.)	st of working	18b. KIND OF B	siness/indus	
17. FATHER'S NAME (First, Middle, Last) Henry Joseph G	erke, Jr			18. MOTHER'S NA	ME (First, Middle, Meide Elizabet	n Surneme)	9
190. INFORMANT'S NAME (Type/Print) Virginia A. Ge	rke	19b. MAILING 6331	Kugle:	nd Number or Rural in Mill	Route Number, City or To	wn, State, Zip Co	
20e. METHOD OF DISPOSITION 1	val from State	20b. PLACE OF DISPOS other place) Metro C	remato	ry, Inc	. Ba		re, MD 21228
George E. Ma	111-0	K	Cremi 299	nd address of FA ation S Frederi	ociety o ck Road,	f Mar	yland, Inc. o., MD 21228
	LYM DI DUE TO (OR	n each line. 50 M A AS A CONSEQUENCE OF	ot enter the mo	ode of dying, suc	h as cardiac or rea	piretory arrest	t, Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEQUENCE OF	ን:				
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	contributing to dea	th but not resulting	in the underlyin	g cause given in	Part I. 244, WAS A PERFO	N AUTOPSY DRMED? 2 NO	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	LACE OF DEATH (Ch	6 (Specify)	Hospi	œ
2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	JRY 28b. TIM INJ	M 1 🗆	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW		
3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFYINO PHYSIC One) 2 MEDICAL EXAMINER	building, etc.	(Specify)		3.	City or Town, Sta	(•)	
(Check only one) 2 MEDICAL EXAMINER				death occured at the	time, date and place,	end due to the o	ceuse(e) end menner as stated.
296. SIGNABURE AND TITLE OF CERTIFIER 30. NAME AND AGGRESS OF PERSON WHO	alexa	nder	0	29c. LICENSE NUI D 2708		29d. DATE S	1/24/90

M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DE	EATH DAY	,	YEAR	3. TIME OF DEATH
	CATHERIN	E	н.		GEB	HARD	Т			July 22, 1990 11:45				11:45 P™
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In)	yrs. last birthday		R 1 YEAR	IF UNDER		7. DATE OF BIF (Month, Day,			8. BIRTHI	PLACE (State or Foreign
	202-16-03	09	1 M 2 XX	67	YRS.	MONTHS	DAYS	HOURS	MIN.	5-9-1		3		land
	Se. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	r, TOWN	R LOCATI	ON OF DE	ATH			ITY OF DE	
DIRECTOR	Meridian	Cromw	ell Nur	sing	Home	Pa	rkv	i11e	9			Ba1	timo	ore
EC	10e. STATE	10b. COUNTY	Y		10c. C	TY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
Maryland Baltimore Parkville													LIMITS? 1 YES 2 XNO	
AL	100. STREET AND NUMBER							. ZIP COD	E		Т	10g. CITI	ZEN OF W	HAT COUNTRY?
ER/	1101 Deanwood Road 21							2123	34		- 1	II.	S.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, etc.)									14. RACE	— American Indian, White, etc.			
BY F	1 Never Merried 2 3 November 1 Divo		IF YES, GIVE					2 X XIO			etc.)	- 1	Specif	y:
	2121									6				ite
COMPLETED	(Specify only	EDENT'S EDU- highest grade	cation completed)	10	6e. DECEDENT (Give kind o life. Do NOT	work done	during mo	DN est of worki	ing	16b. KIND	OF BUSI	INESS/IND	USTRY	
7	Elementary/Secondary (0	1-12)	College (1-4 or 5							Dot	1			
M	12 Years 17. FATHER'S NAME (First, M	iddle (set)			Cleri	Cal	WOI.	_	WEON NA	ME (First, Middle,	ail			
		roure, Last)		II	ines			Rho				sumame)	Day	enhard+
B	Nathan 19a. INFORMANT'S NAME (1)	ima/Print)		па		C ADDRES	E /Street /			Poute Number, Cit	hi ar Toura	Chata 7in		cnhardt
9	Charles J		hard+							Balti				21234
	200 METHOD OF DISPOSIT	ION		20b. P	LACE OF DISP								City or To	
	X X Burlai 2 Cremetic	n 3 🗆 Rem	oval from State	0	ther place)									Maryland
	21. SIGNATURE OF FUNERA		ENSEE	Du	Taney	22	NAME A	ND ADDRE	SS OF FA	CILITY				
	> dela	EV	la la	/-										eral Home
_	1950	-	acon,											on,MD21204
	23. PART I. Enter the d ehock, or h		complications the List only one ce			not anta	r tha mo	da of dy	ing, auc	h as cardiac c	or respir	ratory en	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	•											Onset and Death
	resulting in death)	→		nam	ONSEQUENCE									12 miles
			000 10	D a	ONSEQUENCE		in							112 hr
ON	Sequentially list condit		b. DEE TO	OR AS A C	ONSEQUENCE		LL.	are						10
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY	ING												
F	CAUSE (Disease or Injuthat Initiated events		DUE 10	OR AS A C	ONSEQUENCE	OF):								
H	resulting in death) LAS	т	d											
	PART II. Other algorifice	nt condition	ne contributing to	death but	not regultin	a la the u	ndedule	C 001100	aluna la	Part I 240	WAC AN	AUTOPSY	246	WERE AUTOPSY FINDINGS
MEDICAL	PART II. Other aigninice	ondition	a contributing to								PERFORI		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă		my	ma de		et u	u	Jan.	u u	au	_ 10	YES 2	NO		OF DEATH?
_		mi	between	and	: ku	of	m	ting	ile	_				1 YES 2 NO
AN	ar was over eccentre.	D MEDICAL	1											
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE	R:			eck only one)				
IYS	1 TYES 2 NO		1 Inpatient 2			ME OF	_	DURY AT	esidence	8 Other (Spe 28d, DESCRIB		HIRV OC	CHEED	
	-	Pending		Day, Year)	200. 1	NJURY	W	YES 2	□ NO	200. DESCRIO	E HOW IN	WONT OC	CORED	
BY	2 Accident 3 Sulcide	Investigation	28e. PLACE	OF INJURY -	- At home, farm	street, fe			_ 140	28f. LOCATION	A (Street a	nd Numbe	or Rural F	Route Number
COMPLETED	4 Homicide	Could not be determined	building	, etc. (Specify)	,,	,,			City or Tow				
9	29e. CERTIFIER	PIEVINO BUVO	MOLANI. To the best	4	d d					4- 44				
MP	(Critical Unity		ER: On the best of) and manner as stated,
8						,,	- pittion,				1			
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	1.4	4	nn			29c. LIC	93			29d. DAT	A ,	(Month, Day, Year)
2	30. NAME AND ADDRESS O	E DEBSON HA	O COMPLETED CA	E OF DEAT	HOTEN OF	no Print		11	10	80		-	ny	13.90
	OU. HAME PHIN ADDRESS O	. PERSON WI	IO COMPLETED CA	OC OF DEAT	** (** EM* 27) (/)	pa, rimi)								
	31. DATE FILED (Month, Day,	Year)	32 REGISTS	AR'S SIGNAT	URE									
	MII 2.51		Lulia Sa	• 4	77	1 8								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x—Cars after death. Page 6 may be intended by the attending physician and completely filled in by the transmit director, page 5 should be detuched for use as the burlant be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

JUL2 5 1990

(4)	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR Certif				MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICATE	OF DE	AIR	2. DATE C				3. TIME OF DEATH
	Joh	n B.	G	ivens			HTMOM	-20-9		YEAR	10:40AM M
	4. SOCIAL SECURITY NUMBER 5		s. last birthday) YRS.	AF UNDER 1 Y	EAR IF L	JNDER 24 HRS. JRB MIN.	7. DATE O		8	. BIRTH Countr	IPLACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give street 1625 Popular Grove RESIDENCE OF DECEDENT	,				cation of Di re Cit			EATH		
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY			y, town or i Baltim							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
VERAL	100. STREET AND NUMBER 1625 Poplar Grove Street 101. ZIP CODE 21216 U S A									WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 1 Never Married 2 Nover Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-Block, White, at 1 Yes, specify: B]										
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION 188 (T-4 or 5 +)	Give kind of life. Do NOT u	USUAL OCCU work done duri se retired.)	UPATION ing most of t	working		kind of Bus arnet		STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Wilbert Givens				16.	мотнек s na Minni			Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Olivia Givens					umber or Rural COVE S					d 21216
	20e. METHOO OF DISPOSITION 1 XX Surial 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	I from State Ar	ACE OF DISPO PORTUS I	Memori	al Pa	cremetory or ark			cation – ci butus		
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	23. PART i. Enter the diseases, or con shock, or heart feliure. Lis	npilicatione that caused th	e death. Do	not enter th	e mode o	of dying, suc	ch es cardi	iec or reepl	retory erre	et,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Chronic obst	tructiv	ve pul							Onset and Death
NO	Sequentielly liet conditions,	DUE TO (OR AS A CO									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO									
ERT	resulting in death) LAST										
MEDICAL C	PART II. Other significent conditions	contributing to death but	not resulting	In the unde	erlying ce	use given in	Part I.	24a. WAS AN PERFOR	RMED?	241	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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IAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (C			. \ . L		
SIC		OSPITAL:	nt 3 🗆 DOA	OTHER:	g Home 🗳	Residence	6 🗆 Other	(Specify)			
3Y PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 2 Accident Investigation 2 Accident Investigation										
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory	y, offics			ATION (Street : or Town, State)		r Rurai	Route Number,
COMPLETED		AN: To the best of my knowledge On the bests of examination ar									a) and mennar as stated.
TO BE C	COL SIGNATURE AND TITLE OF SERLIPIEN	& la A	M		290	OCME	IMBER		29d. DATE ▶ 7-		O (Month, Day, Year)
FI	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE OF DE TH	(ITEM 27) /3/0	a Drint)							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

MARIO F. GOELE, JR., MD

111 Penn Street, Baltimore, MD 21201

32 REGITRARIS SIGNATURE

fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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18. DECEDENT'S BUILGATION 18. GECEDENT'S USUAL DOCUMENTON 18. KIND OF BUSINESSIMDUSTRY 18. KIND OF BUSINESSIMDUSTRY 18. MOTHER'S NAME (First, Middle, Last) 7 years Registered Nurse Hospital	larried FORCE	FORCES? 1X YES 2	NO I	f yes, specify Cuban, Maxic	en, Puerto Ricen, etc.)		Specify:
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Peary O. Gruel Lillian V. McCalley 196. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zp Code) Peary O. Gruel Peary O. Gruel 196. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zp Code) 7905 BonAir Rd. Balto., Md. 21234 206. PLACE OF DISPOSITION (Name of conseen, commatory or Commander) Burlat 2 23 Cramation 3 Ramoval from State Dentified Of Disposition (Name of conseen, commander) or Commander or Rural Rouse, State Dentified Of State (Name of Conseen, commander) or Commander or Rural Rouse, State Dentified Of State (Name of Conseen, commander or Command	7 year	years R	egistere	ed Nurse	Hosp	oital	
See Mailling Address (Street and Number or Fural Route Number, City or Town. State. Zp Code) Peary O. Gruel							
Peary O. Gruel Party Dos Deposition							
20b. PLACE OF DISPOSITION (Name of comotony, crematory or other pincol) 20c. LOCATION — City or Town, Statia 20b. PLACE OF DISPOSITION (Name of comotony, crematory or other pincol) 3 Ramoval from State 3 Creenmount Crematory Balto., Md. 22 NAME AND ADDRESS OF FACILITY Bradley—Ashton Funeral Home, Inc. 2134 Willow Spring Rd. Dundalk, Md. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval in		1					
SIGNATURE OF FUNERAL SERVICE LICENSES							
22. NAME AND ADDRESS OF FACILITY Bradley—Ashton Funeral Home, Inc 2134 Willow Spring Rd. Dundalk, Md 2134 Willow Spr	3 Removal from S	from State 20b. PLACE other;	blace)				
Bradley-Ashton Funeral Home, Inc 2134 Willow Spring Rd_Dundalk, Md 3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, interval shock, or heart failure. List only one cause on each line. IMEDIATE CAUSE (Finel sease or condition autiting in death) Bradley-Ashton Funeral Home, Inc 2134 Willow Spring Rd_Dundalk, Md Approxim IMEDIATE CAUSE (Finel sease or condition autiting in death) Bradley-Ashton Funeral Home, Inc 2134 Willow Spring Rd_Dundalk, Md Approxim Interval Consequence or respiretory arrest, interval Consequence or conditions and interval Index of the North Approximation and interval Interval Interval Consequence or conditions and interval Consequence or conditions and interval Consequence or conditions and contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 LIMB ART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 LIMB 24b. WERE AUTOPSY PERFORMED? 1 YES 2 LIMB 25c. PLACE OF DEATH (Check only one) 25c. PLACE OF DEATH (Check only one) 25c. NUMBER AUTOPSY PERFORMED? 1 YES 2 LIMB 25c. NUMBER AUTOPSY PERFORMED? 25c. NUMBER AUTOPSY PERFORM						salto.	, Ma.
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	ould not be	28e. PLACE OF INJURY — At I building, etc. (Specify)	nome, farm, street, fact	ory, office	28f. LOCATION (Stree City or Town, Sta	et and Number or te)	Rurel Route Number,
a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as							
b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yea							
Salvi Mat. Ruly m	A-1241	e-hy mi		2) 2	4359	> 7	122 190
D. NAME AND ADDRESS OF PERSON WHO OF PLETED DAUSE OF DEATH (ITEM 27) (Type, Print) Sabine Kost-Byerty Johns Hunkins Hospital Goon. Wolfe St. Baltinue, M) Date Filed (Month Day, Year)	kins 40st	PLETED CAUSE OF DEATH (IT YEVLY LOS MI LAL	EM 27) (Type, Print)	octe sto	Ba Uinu	ve, Mi)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. P	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MADDITANT: 16 How 28 to marked or Hom 22 chains any injury or other trainmatic event the medical examini
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest) William L. Hendrick 2. DATE OF DEATH MONTH DAY YEAR 90 10:00 A M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leet birthday) 7. PATE OF BIRTH (Month, Day, Year) 9. FACILITY NAME (If not institution, give street and number) 9. COUNTY OF DEATH 9. COUNTY OF DEATH							
CTOR	5410 Addington Rd Batto							
L DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 \square VES 2 \square NO 10a. STREET AND NUMBER 10d. CITIZEN OF WHAT COUNTRY?							
FUNERAL	540 Addington Rd 21229 U., S.A 11. MARITAL STATUS 12. WAS DECEDENT, EYER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No. 14. RACE - American Indian,							
à	1 Never Merried 2 Merried 3 Widowed 4 Divorced FORCES? 1 VES 2 NO Specify: If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, specify: Black, White, etc. Specify: Black Specify: Specify: Black Specify: Specify: Black Specify: Black Specify: Black Specify: Black Specify: Black Specify: Black Specify: Black Specify: Specify: Black Specify: Specify: Black Specify: Black Specify: Black Specify: Black							
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 15e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15b. KIND OF BUSINESS/INDUSTRY							
E COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) 19. MOTHER'S NAME (First, Middle, Meiden Surneme)							
TO B	190. INFORMANT'S NAME (Type/Print) 4 Hendrick 5410 Againston Rd Batto 21229							
10111	20s. METHOD OF DISPOSITION 1 Disposition 20c. LOCATION - City or Town, State 4 Donation 5 Dother (Specify) 20c. LOCATION - City or Town, State Other place) Garnson Forest Vet Owings Mills, Hd							
	21. SIGNATURE OF FULLERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MACH F. H. Was t 4300 Wabas h Ave							
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel							
	resulting in death) e. Diabetes Mellitus oue to (or as a consequence or): 10 years							
ATION	Sequentially list conditions, if any, landing to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in dasth) LAST DUE TO (OR AS A CONSEQUENCE OF):							
7	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PRIDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PHYSICIAN: MEDICA	1 Tes 2 No							
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
HAS	1 New Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 New Yes 2 No Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28s. DATE OF INJURY 28c. INJURY AT WORK? 28s. DATE OF INJURY 28c. INJURY AT WORK?							
B	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO							
LETED	3 Suicide S Could not be determined 28. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
SE COMPLETED	29c. CERTIFFIER (Check only only only only only only only only							
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. Deputy Medical Evaminor Deputy Medical Evaminor Deputy Medical Evaminor Deputy Medical Evaminor Deputy Medical Evaminor Deputy Medical Evaminor							
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	Stanley Z. Eelsenberg M.D. 1 E. Chase Street 200C - 21202 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							
	JUL 25 1990 Stelie Devidoon-Render 7							

BALLIMORE, MARYLAND	after death. Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached moval.	cal examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hosp	TO THE FLINERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF ICATE O	HEALTH AND ! F DEATH		GIENE G. NO.					
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4. SOCIAL SECURITY NUMBER	5. SEX 6. A						-	LACE (State or Foreign			
219 20 8311		76 YRS.	MONTHS DAY	HOURS MIN.	June 17			land			
98. FACILITY NAME (If not institution, ghad Union Me	e street and number) morial Hospi	tal		n or location of or litimore	CT TV		alto.				
RESIDENCE OF DECEDENT		40- 60	ry, TOWN OR LO			<u>'</u>		10d. INSIDE CITY			
	Balto. City	100, 01	Baltin	ore			LIMITS?				
3413 Chestnut	Avenue		- 1	101. ZIP CODE 21211			U.S.A	HAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	res 2 ZNO	If yes,	Specify Cuben, Maxice ES 2 NO Specify	in, Puarto Rican, i	cify Yes or No— etc.)	14. RACE Black, Specify	- American Indian, White, atc.			
15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'S	work done during	ATION most of working	16b. KIND	OF BUSINESS/IN	IDUSTRY				
Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	Home									
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)					
Jose	ph Snyder			Ger	trude S	proll					
19a. INFORMANT'S NAME (Type/Print)					Route Number, City						
Stephen M. Som						Baltimroe, Maryland 2122					
20a METHOD OF DISPOSITION 1 A Burtel 2 Cremation 3 R 4 Donation 5 Other (Specify)	Cedar Hi	11 Ceme		(Md.						
21. SHOWATURE OF THE BUTGE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee—Henss Funer 3631 Falls Road, Balto. Maryland											
23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. MULTIPLE SYSTEM FAILURE - DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
PART II. Other significant condi	th but not resulting	In the under	ying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICA			26	PLACE OF DEATH (C)	heck only one)						
EXAMINER?	EXAMINER? HOSPITAL: OTHER:										
27. MANNER OF OEATH Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. OESCRIBE HOW IN WORK?										
3 Suicide 6 Could not	2 Accident Investigation 3 Suicide 5 Could not be building, etc. (Specify) 26e. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 27										
(Check only	29s. CERTIFIER (Check only Check only Indiana) (Check										
29b. SIGNATURE AND THE OF CENT	-		y wpano	29c. LICENSE NU			-1112-00-002-0	(Month, Day, Year)			
ATT I		m.D	4			•	7/2	0/90			
30. NAME AND ADDRESS OF PERSON	ALIM	PIZA	MD	um	H 21	91 E	UNIV	21218			
"JUL" 8571990" . S	wha Lawresch	EIGNATURE '									

William C

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DIVISION OF WITHE THEODIES, T.O. BOX 19149,	S	erti	鲁	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 mours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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1990 32. REGISTAR'S ANGHABURE Randale

31. DATE FILED (Month, Pay.

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND / [CEI	DEPARTM RTIFICA				MENTAL	. HYGIEN	E	J ()	20142	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH		EAR	3. TIME OF OEATN	
	CALVIN	L .			HARR	IS		7	9.		90	M	
	4. SOCIAL SECURITY NUMBER 2 1 8 - 6 2 - 3 6 1 3	5. SEX 1,	6. AGE (In yrs. lest t	YRS. MON	UNDER 1 YEAR ITHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month)	OF BIRTH Day, Year) 0 - 54	6	BIRTHP	LACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b.	CITY, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUNT	Y OF DE	ATH	
TOR	3422 BARRY PAU	IL ROAD	APT203		RAND	ALLS	TOW.	N					
DIRECTOR	10a. STATE 10b. COUNTY		14]		NDALLSTOWN							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3422 BARRY PAI	UL ROAD	<u>A</u> PT.20	3	101. ZIP CODE 2 1 1 3 3					1	SA	HAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. ARM YES 2 NO WAR OR OATES		If yes, s	CENDENT (pecify Cubi S 2 X X X	ın, Mexica	n, Puerto I	? (Specify Yes Rican, atc.)	or No—	Black, Specify	- American Indian, White, etc.	
COMPLETED	15, DECEDENT'S EQUID (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(GIVI	EDENT'S USU kind of work to NOT use ret	AL OCCUPAT done during n ired.)	ION lost of world	ng		KIND OF BUS			& ELECTRI	
BE COM	12th BALTIMORE GAS & ELECTR 17. FATHER'S NAME (First, Middle, Leet) CALVIN HARRIS 18. MOTHER'S NAME (First, Middle, Maiden Surneme) JOAN GARRETT												
TO B	190, INFORMANT'S NAME (Type/Print) DORIS D. HAR	RIS							ber, City or Tow T 203 –			21133 STOWN,MD.	
	20a. METHOD OF DISPOSITION 10 Surial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or CEM. OWINGS MILLS, MD.												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. 1101 E. NORTH A										RTH AVE.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between												
_	DUE TO (OR AS A CONSEQUENCE OF):												
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART ii. Other significant conditione contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND												
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO 1 Input left 2 ER/Outpet 1 3 DOA 4 Nursing Nome 5 Residence S Other (Specify)													
	27. MANNER OF DEATH 1 Pratural 5 Pending Investigation	28a. OATE O	28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF WORK? M 1 YES 2 NO							28d. DEŞCRIBE NOW INJURY OCCURED			
TED BY	2 Accident investigation 3 Suicide S Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, offi building, etc. (Specify)						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) And the Heavy State The Company of the Company					oute Number, N. L.	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI											and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	home	Ma			29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
0	Charleson Moore you							DISTRO 19419 199					

1.00

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Lest) Guillermo	Adelso G	omez Herrarte			2. DATE OF DEATH DAY YEAR 22 90			1200	м	
	4. SOCIAL SECURITY NUMBER NONE	1-X M 2 🗆 F	(In yrs. last birthday)	MONTHS DAVE HOUSE MIN			72 EI	SAL	VADOR	,	
TOR	96. FACILITY NAME (II not institution, give st Peninsula Gen RESIDENCE OF DECEDENT		ital		sbury	EATH	9c. COUNTY Wic	OMIC			
DIRECTOR	VIRGINIA FAIRFA			LS CHURC					d. INSIDE CITY LIMITS? YES 2XXNO		
FUNERAL	100. STREET AND NUMBER 6146 WILSTON DRIV	VE APT.#101			1. ZIP CODE 22044			SALVADOR			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	24MO	If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, atc.) y: N		Specify:			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12) —9—		16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	16b. KIND OF NONE	BUSINESS/INDUS	TRY			
BE COM	17. FATHER'S NAME (First, Middle, Lest) PABLO HERRARTE				18. MOTHER'S NA GLADIS	ME (First, Middle, Maid GOMEZ	den Surname)				
TO B	190. INFORMANT'S NAME (Type/Print) PABLO HERRARTE					Route Number, City or FALLS CHU			2044		
	20e METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem 4 Donellon 5 Other (Specify)	CARA ZU	CARA ZUSIA CENTRAL AME					OR			
	21. SIGNATURE OF THE PROPERTY COLONIAL FUNERAL HOME 6161 LEESBURG PIKE FALLS CHURCH, VA. 2204 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate										
	shock, or heart fellure. Lide/only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):									een eath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
AL	PART II. Other significent condition	ig cause given in	Per in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTO AMAILABLE COMPLETIC OF DEATH? 1 YES 2 N NO COMPLETIC OF DEATH?								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HOSPITAL:	LACE OF OEATH (C)								
BY PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY Office of the control of the co	26b. Til 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ME OF 26c. IN W	28d. DESCRIBE HOW INJURY OCCURED Passenger in auto acci 28f. LOCATION (Street and Number or Rural Route Number,				ler		
COMPLETED	4 Gold not be determined U.S.50, east of Bent Pine Rd. Willards, Maryl 29a. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
	(Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
TO BE	ANO AOORESS OF PERSON WH	Luckaley	Deputy		D0359				2-90		
	John T. Bulke		. 108		uff Roa	ad, Sal	isbury	, M	aryland	1	
	JOT 52 1930 9a										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE 7/23/90-md1 REGISTRAR Item #7	OINIE OI	CE	RTIF	ICATI	OF	DEA	ГН		EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Lest) Clifford J. H	olly							2. DATE OF D	3/9°	3	YEAR	3. TIME OF DEATH
7	4. SOCIAL SECURITY NUMBER 212-14-0713	5. SEX	6. AGE (in yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B	18TH	820	Bal	PLACE (State or Foreign
OR	St. Agnes Hos						imc		City		9c. COU	NTY OF O	EATH
FUNERAL DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNT Maryland	Y			ry, rown			itv					10d. INSIDE CITY LIMITS? 1-1 YES 2 NO
BAL E	100. STREET AND NUMBER 114 N. Edgewoo	d Avenu	ıe				. ZIP COD			10g. CITIZEN OF WHAT (USA			HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF, YES, GIVE	NT EVER IN U.S. AR 1X YES 2 N WAR OR DATES	10		If yes, sp	ENDENT (ecity Cubi 2 1 NO	ın, Mexica	IIC ORIGIN? (Sen., Puarto Rican	pecify Yes i, etc.)	or No-	No- 14. RACE - American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of	S USUAL O work done use retired.)			ng	16b, KIN	O OF BUS	INESS/INC	DUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)						18. MOT		ME (First, Middle		Surname)		.
BE	James Holly 19a, INFORMANT'S NAME (Type/Print)		100	h Man in	CADDES	© /Ctennt	and Mumba		a Har:		- Otata 7/c	n Codel	
10	Diana Lewis			3404					Balto				207
	20a, METHOD OF DISPOSITION 20b, PLACE OF DISPOSITION (Name of comme							cometery, cremetory or State St Cemetery Baltimore, Mar					
	21. SIGNATURE OF FUNERAL SERVICE LICENSIS. 22. NAME AND ADDRESS OF FACILITY Leroy 0. Dyett & Son Funeral Home 4600 Liberty Heights Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure. List only one cause of each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											Interval Between Onset and Death Line Towart Sugars	
CE	PART II. Other algnificant condition	ne contributing t	o death but not a	regulting	in the u	nderlyin	O COURS	alven in	Part I 24	WACAN	AUTOBOV	245	WERE AUTOPSY FINDINGS
N: MEDICAL	Clesen							I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpet 1 DOA 4 Nursing Home 6 Residence 6 Other (Specify)												
	27. MANNER OF DEATH 1 Netural 6 Pending	26a. DATE C		28b. TI	-	28c. IN	JURY AT ORK? YES 2			Other (Specify) Bd. DESCRIBE HOW INJURY OCCURED			
TED BY	a David	Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural City or Town, State)									Route Number,		
COMPLETED	29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUMI							TE SIGNED	(Month, Dey, Year)			
10	30. NAME AND ADDRESS OF PERSON W			M 27) (Typ	oe, Print)			1197	/			1/4	190
	KENNARD YAFFE M.D												
	JUL 25 1990 4	ulia Davidse	PAR'S PIGNATURE										

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within actious after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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All States Total

1 - STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CE	HILL	CALE	= UF	DEA	ın	REG. N	O.			
1. DECEDENT'S NAME (First										2. DATE OF DEATH MONTH	24 2	9 YEAR	3. TIME OF DEATH	
George L. 1										1	22	90	М	
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In		birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)		
220-05-439	5	★₩ M 2 □ F	6	9	YRS.	months dats hours wire. 9 - 2-					- 20	20 Maryland		
9a. FACILITY NAME (If not is	nstitution, give :	street and number)				9b. CITY	, TOWH (R LOCATI	ON OF D	EATH	9c. CO	UNTY OF DE	EATH	
3828 Ayres	Court				- 1	Par	rkvi	lle				Balt:	imore	
RESIDENCE OF DE					1									
10a. STATE	10b. COUNT	Υ			10c. CITY	r, TOWH C	OR LOCAT	TION					10d. INSIDE CITY LIMITS?	
Maryland	Ва	ltimore				Pa:	rkvi	lle					1 YES 2 NO	
10e. STREET AND NUMBER							101	. ZIP COD	E		10g. CI	TIZEN OF W	/HAT COUNTRY?	
3828 Ayres	Court								2123	6		US	A	
11. MARITAL STATUS	COUL 0	12. WAS DECEDEN	IT EVED IN	ILC ADI	MED	140	WE DEC			NIC ORIGIN? (Specify	for on No			
1 Never Married 2 K	Married	ECOCECO 4	FT VEC	0 -	•		If yes, sp	ecity Cube	n, Mexica	in, Puerto Rican, etc.)	rea or No —	14. RACE Black	— American Indien, r, White, atc.	
1 Never Merried 2 Not Merried 2 Not Merried 2 Not Merried 2 Not Not Not Not Not Not Not Not Not Not														
(Specify on	ly highest grade	e completed)		(Gh	ve kind of w	vork done	during mo	ON ast of workli	ng	16b. KIND OF I	IUSINESS/IN	IDUSTRY		
Elementary/Secondary (College (1-4 or 5	+)		Do NOT us		ا ماد			Todos	. n	in		
12th grade				T	ool a	x DI	emak	GI,		Feder	al T.	FYT		
17. FATHER'S NAME (First, A	Alddle, Last)									ME (First, Middle, Maid	en Surname)			
George Hoov	er								Ada	Glesmer				
19a. INFORMANT'S NAME (Type/Print)			19b	MAILING	ADDRES:	S (Street a	nd Number	or Rural	Route Number, City or 1	own, State, 2			
Mrs. Doroth	y J. H	loover								timore, 1			21236	
20a, METHOD OF DISPOSIT	<u> </u>		20b.	PLACE (OF DISPOS	HTION /M	ame of co	melany con	netony or	200	OCATION -	- City or To	ours. Chate	
CXCBuriel 2 - Cremeti	on 3 🗆 Rem	noval from State		other pla	ice)			emet					Maryland	
4 Donetion 5 Other		CENTER			7.							,	110-20	
			5	/		22.	Las	sahn	ss of FA	cility neral Home	9			
Lease	chn i	June	e 1	on	e		740)l Be	lair	Rd. Bal	o 1	Md.	21236	
23. PART i. Enter the o	liseeses, or	complications the	t caused	the de	sth Don	ot enter	-						Approximate	
shock, or h	esrt feliure.	List only one cer	nee ou ee	ch line.		or onter	uio iiio	de or dy	my, suc	in as condide of re-	spiretory e	ricot,	interval Between	
IMMEDIATE CAUSE (FI	nal							-					Onset and Death	
diseese or condition resulting in death)	\rightarrow	a. Can	com	~ .	10	7	n	-oly	te				2 V-1	
		DUE TO	(OR AS A	CONSEC	UENCE OF	7):								
		b												
Sequentieily list condi- if any, leeding to imme		DUE TO	(OR AS A	CONSEC	UENCE OF	7):								
ceuse, Enter UNDERLY CAUSE (Disease or Inju		C												
that initieted events	uly	DUE TO	(OR AS A	CONSEC	UENCE OF	7):								
resulting in deeth) LAS	ST	d						_						
		-												
PART II. Other eignific	ent conditio	ns contributing to	death bu	rt not r	eeulting I	in the ur	nderlyin	g ceuse	given in		AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
											2 NO		COMPLETION OF CAUSE	
													OF DEATH? 1 YES 2 NO	
										_		- 1	159 2	
25. WAS CASE REFERRED	MEDICA:	_					66.5	105.05.5	AFATA (C.	1				
EXAMINER?	I MEDICAL	HOSPITAL:				OTHE		LAUE OF E	EATH (C/	neck only one)				
1 YES 2 NO		1 Inpatient 2		itient 3		4 🗆 Nu	rsing Hon		esidence	6 Other (Specify)				
27. MANNED OF DEATH	12020327	26a. DATE Of (Month, I	F INJURY Day, Year)		28b. TIM	E OF	28c. IN.	JURY AT		28d. DESCRIBE HO	W INJURY O	CCUREO		
1 Naturel 5 2 Accident	Pending Investigation				A12	М		YES 2	NO					
a D district	Could not be	28e. PLACE (OF INJURY	At ho	me, farm, a	street, fac	tory, offic	:0		281. LOCATION (Stre	et and Numb	per or Rural F	Route Number,	
4 Homicide	datermined	ounding	, atc. (Speci	1)						City or Town, St	ne)			
29a. CERTIFIER	TIEVING SU	nous di veri	44											
(Check only										to the cause(s) and				
2 MEI	JICAL EXAMIN	EH: On the beels of a	examination	and/or I	rivestigatio	n, in my	opinion, i	death occu	red at the	time, data and place	and dua to	the cause(s	a) and menner as stated.	
29b. SIGNATURE AND TITL	E OF CERTIFIE	1						29c. LIC	ENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)	
and	- 4	Jennes	. , ,	P				17	100	191	•	7/7	13/96	
30. NAME AND ADDRESS (F PERSON W	HO COMPLETED CAL	ISE OF DEA	TH (ITE	W 27) (Type	Print)								
Dr. Arthur S	erpik-	- St. Jos	seph i	Host	oital	Tov	vson	Man	ryla	nd 21204	(337	-1205	5)	
								,	V		1		,	
31. DATE FILED (Month, Day	990 4	wha Davidson	AR S SIGN	A DO										
105 705	DUC A	mind mind about	a-Mayle											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

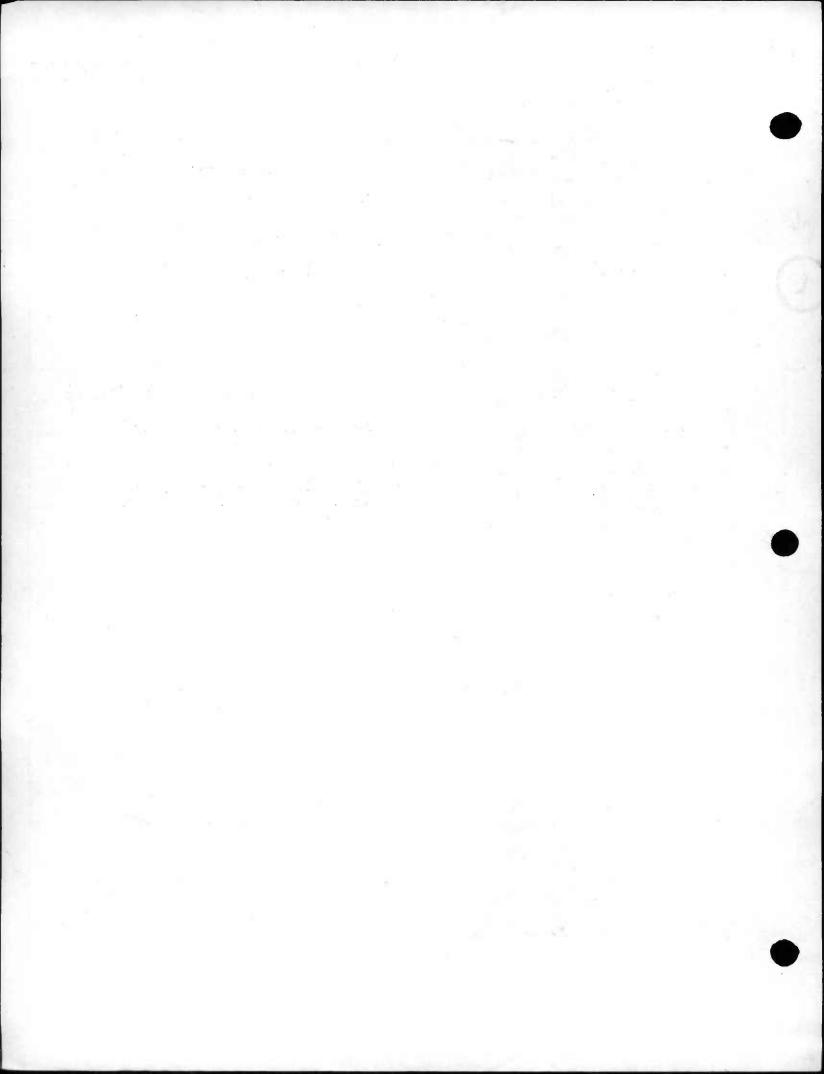
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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director,	n 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Fig. 12 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at one
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	FOR Per Phone STATE OF MARYLAND A	DEPARTMENT OF I		AL HYGIENE REG. NO.	50 20170					
	1. DECEDENT'S NAME (First, Middle, Last) James I. Jack		2. DAT	TE OF DEATH DAY 22	3. TIME OF DEATH 90 10:25 pm					
	4. SOCIAL SECURITY NUMBER 213-52-2415 9a. FACILITY NAME (# not institution, give street end number) 5. SEX 1 M 2 F 43	YRS. MONTHS DAYS	HOURS MIN. (Mo	E OF BIRTH nth, Day, Year) /5/42/94	8. BIRTINPLACE (State or Foreign Country) MARYLAND					
TOR	DEATON NURSING HOME		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY							
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	10c. CITY, TOWN OR LOCAL BALT	MORE CITY		10d, INSIDE CITY LIMITS? 1 X YES 2 NO					
FUNERAL	3801 EDGEWOOD ROAD	10	1. ZIP CODE 21215	109	10g. CITIZEN OF WHAT COUNTRY? USA					
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 N Divorced 12. WAS DECEDENT EVER IN U.S. Al FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1964 - 196	NO If yes, s	CENDENT OF HISPANIC ORIC pecify Cuben, Mexican, Puert S XIX NO Specify:							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ((ECEDENT'S USUAL OCCUPAT Sive kind of work done during m e. Do NOT use retired.)		6b. KIND OF BUSINES						
COM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First							
BE	J. WALTER JACKSON 199. INFORMANT'S NAME (Type/Print) 15	Db. MAILING ADORESS (Street	BERNICE							
2	BERNICE JACKSON				, MD. 21215					
	1 X Buriel 2 □ Cremation 3 □ Removal from State other p	OF DISPOSITION (Name of citiece)			ON — City or Town, State GS MILL, MD.					
	21. SIGNATURN OF FUNERAL SERVICE LICENSEE	LERO	ND ADDRESS OF FACILITY OY O. DYET!	r & son	FUNERAL HOME					
AGOO I.TRERTY HEIGHT'S AVENITE 22. PAST I. Inter the disease, or complications that causely the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, nock, or hard fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to deeth but not	paffy	ng cause given in Part I.	24a. WAS AN AUTO PERFORMED 1 YES 2 🗷	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. I	LACE OF DEATH (Check only	one)						
17.51	1 YES 2 NO 15 Inpatient 2 ER/Outpatient : 27. MANNER OF DEATH 28e. DATE OF INJURY	3 DOA 4 Nursing No	me 5 Residence 8 Ot JURY AT 28d. D	her (Specify) DESCRIBE HOW INJUR	BY OCCUPED					
BY PI	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Subside	INJURY W	ORK? YES 2 NO	ESOMOL HOW WISO	TI OCCUPED					
	Number or Rural Route Number,									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d 2 MEDICAL EXAMINER: On the basic of examination and/or									
BEC	296. SIGNATURE AND TITLE OF CERTIFIER CPatal Melite, M.D		29c. LICENSE NUMBER		d. DATE SIGNEO (Month, Day, Year)					
0		EM 27) (Type, Print)	D 349		7.23.90					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITTL) C. PATEL MEHTA, M.D. 9	650 SANTI	AGO RA#110	COLUM	IBIA, MD 21045					
	JUL 25 1990" Julia Davidson Bricket									



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF			HYGIENE
CERTIFICATE C	F DEATH	1	REG. NO.
			

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last)		-		\		OF DEATH		YEAR	3. TIME OF DEATH	
MARTHA JOHNSON					MONT	07	23	90	5-30 P M	
4. social security number 212 - 24 - 9490			IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE (Mont	OF BIRTH		8. BIRTHI Country	PLACE (State or Foreign	
		91 YRS.				21-189			N.C.	
9a. FACILITY NAME (If not institution, give s				WN OR LOCATION OF DI	EATH			T AND		
UNION MEMORIAL HO	DSPITAL		BALTI	MORE			MARY	LAND)	
10a. STATE 10b. COUNT	Υ		TOWN OR L						10d. INSIDE CITY LIMITS?	
MARYLAND		BAL	TIMU	RE, CITY					1XXYES 2 □ NO	
106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COU 2002 E. 31st STREET 21218 11S A										
11. MARITAL STATUS	3 K L L	IN II S ADMEN	12 WMC	21218 DECENDENT OF HISPAN	NIC OBIGI	N2 /Specify Vec		SA	- American Indian	
1 Never Married 2 Married	FORCES? 1 TYES	2) (10	If ye	e, specify Cuben, Mexica YES 2 NO Specify	nn, Puarto		01 140—	Black, Specif	— American Indian, , White, atc.	
3 XVIdowed 4 Divorced	10 23 182 123 30			X				1707.00	BLACK	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ork done durin	PATION ag most of working	161	b. KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12) 6 t h	College (1-4 or 5+)	life. Do NOT use	reured.)			SINHOL	нови	TNC	HOSPITAL	
17. FATHER'S NAME (First, Middle, Last)		1		18. MOTHER'S NA				(11/2	HUSPITAL	
SAM HARRI	5			ANNIE		ULLOC				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rural	Route Num	nber, City or Town	, State, Zip	Code)		
ELVEE BELO	N	1218	WINS	TON AVE	- BAL	TIMOR	E . N	10.	21239	
20a. METHOD OF DISPOSITION XIXBurial 2 I Cremation 3 I Rem	annel from State	b. PLACE OF DISPOSE	TION (Name	of cemetery, crematory or		20c. LO	CATION -	City or To	wn, Stata	
4 Donation 5 Other (Specify)		ARYEAND		. MEMORI		PK L/	AURE	L , 1	νυ.	
21. SIGNATURE OF FUNERAL SERVICE LI	CAY 10	4	22. NA	ME AND ADDRESS OF FA	CILITY					
1 awn Z	. Willy	no	WM.	C. MARCH	F.	H. 110)1 E	. NO	ORTH AVE.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death 72 hours 72 hours 72 hours 72 hours 72 hours 73 hours 74 hours 74 hours 75 hours 75 hours 75 hours 75 hours 76 hours 76 hours 77 hours 77 hours 78 hours										
PART II. Other algoriticant condition		but not resulting in	the unde	rlying cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (C/	heck only o	one)				
EXAMINER?	HOSPITAL:	rtpatient 3 DOA	OTHER: 4 - Nursing	Home 5 - Rasidence	8 🗆 Oth	er (Specify)				
27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)			c. INJURY AT WORK?	28d. DE	EŞCRIBE HOW I	NJURY OC	CURED		
1 Natural 5 Pending Investigation			M	YES 2 NO						
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, etc. (Sc	RY — A1 home, farm, st secify)	treet, factory	, office		CATION (Street in y or Town, State)		or Rural F	Route Number,	
AND CENTIFIED		_						_		
one)	SICIAN: To the best of my kno ER: On the basis of examinat) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	JMBER		29d. DAT	E SIGNEO	(Month, Day, Year)	
Metom	7 10									
30. NAME AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Type,	Print) , 1 A	NON WED	1	LEPTL	-			
ABDALLAH K	FOURT	2	018.	UNIV.	uw!	T B	ACTO	п	021218	
31. DATE FILED MONTH 200 HO 1990	germodam da	the plant of the		2) 170, 170-2		- /s		/		

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH			
1	GERARD		JORDAN	1		3:21 p M					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	THPLACE (State or Foreign untry)								
	579-20-0690	1 M 2 D F	79 YRS.	NTHS DAYS	HOURS MIN.	January 15	5,1911Wa	ashington, D.C.			
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
TOR	AMI Doctors' Hosp. of Pr. Geo. Co. Lanham Prince George's										
AMI Doctors' Hosp. of Pr. Geo. Co. Lanham Prince George's RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY LIMITS? Maryland Prince George's Suitland 1 Ves 2 In No.											
									The street and number and the street and number		
States of											
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 \(\subseteq \text{ Y}				NIC ORIGIN? (Specify Yee in, Puarto Ricen, etc.)	or No — 14. RA BI	ACE — American Indian, lack, White, etc.			
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O		1 🗆 YE	S 2 NO Specif	y:	100	pecify:			
	15. DECEDENT'S EDUC	CATION	16e. DECEDENT'S US	141 00011043	101	16b. KIND OF BUS	INFOCUMPLICATION	White			
COMPLETED	(Specify only highest grade	completed)	(Give kind of work	done during n	nost of working	16B. KIND OF BUS	INESS/INDUSTRI				
ا ٿ	Elementary/Secondery (0-12)	College (1-4 or 5+)		Designation			D 1				
፮	17. FATHER'S NAME (First, Middle, Lest)	N/A	Mason-	Brickl		ME (First, Middle, Maiden	Private	2			
	Frank Jordan				Jestin Sandini						
B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	ROS	Route Number, City or Town	7.7.0 , State, Zip Code)				
2	Mary McGuire-S	ister	P.O. B	ox 69	Davidson	ville, Mary	rland 21	1035			
	209. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI				CATION — City or				
	1 Buriel 2 Cremetion 3 Remo	oval from State	Ft. Linco	ln Cem	etery	Colm	ar Mano	or, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME	AND ADDRESS OF FA	S Sons Com	manti				
	1.15	75						20000			
	23. PART I. Enter the diseases, or o	complications that cau	used the death. Do not			E. Washingt		Approximate			
	ehock, or heert feliure.	List only one ceuee of	n eech line.	onter the n	O O	3	albry enest,	interval Between			
IMMEDIATE CAUSE (Finel disease or condition ARDIAC ARRECT,								Ondet and Death			
- 1	resulting in death)	e. Due ma ion	AS A CONSEQUENCE OFF		1 10	31		410170			
_]	_	KOKO	MADE	W	Dou	Lul	•	> K-Mount			
CERTIFICATION	Sequentielly liet conditions, if eny, leading to immediate	DUE TO OR	AS A CONSEQUENCE OF)	1	01		- 1	0			
SA	ceuse. Enter UNDERLYING	. Fli	ral	40	will	Metin	Suppl	ieng1 > 3000			
Ĕ	CAUSE (Diseese or injury that initiated events	DUE TO JOR	AS A CONSEQUENCE OF):	0	2 0		100	0			
	resulting in death) LAST		& di	4	ven	MA	Va				
	PART II. Other significent condition	e contributing to des	th but not reculting in	the underivi	na ceuse alven in	Part i 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
DICAL	polt-Co	17018101	TO Paul	M	0/11	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	the west.	[12]	2 1 6	20/11	10	1 🗆 YES 2	MNO	OF DEATH?			
Σ	1			1-0-6	00 A 10	AUT .	/ r	1 TES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL	MAN OF	113 9000	20 2 26	PUACE OF DEATH (C)	neck onto onel					
ᅙ	EXAMINERY 1 PES 2 X NO	NOSPITAL:		THER:	The same	200					
PHYSICIAN: ME	27, MANNER OF DEATH	26a. DATE OF INJU	JRY 28b, TIME C	F 26c. I	NJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED)			
	123 Natural 5 Pending	(Month, Day, Ye	er) INJUR		VORK?		-				
B	Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJ	JURY — At home, farm, atre	et, fectory, of	fice	281. LOCATION (Street	and Number or Rui	ral Route Number,			
COMPLETED	4 Homicide determined	building, etc. ((Specify)			City or Town, State)					
۳	290. CERTIFIER	ICIAN: To the heat of my I	knowledge, death occurred	of the time of	rie and place, and du	to the cause(s) and mar	mor on stated				
불	COLOCK OTHY							se(e) end manner as stated.			
	29b_SIGNATURE AND TITLE OF CERTIFIE	N	()	1	29c. LICENSE NU		29d. DATE SIGN	1			
띪	23 CM NON	MANUE	1/01/07/	AM	20c LICENSE NO	(0)	29d. DATE SIG	11/01			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Wps. Pr	int)	12	9-7-1	4	1			
	J.S. RAO MA	- 079N	7- HAAI	01/5	P DAA	KULAU.	AR+ (GIREENBES			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	JUC	1100	4 001 412	11+1	IVA CASS			
	HH 2 5 1000 4	Julia Davidson-			*	//	,	1-10-2011			
	THE OF MAN 9	- po not 1000/00						DHMH-16 Rev 1/89			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriative filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x fours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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i	after	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the (be filed within 72 hours after death with the State Dept., of Health and Mental Hyglene prior to burial, cremation, or removal.	le3
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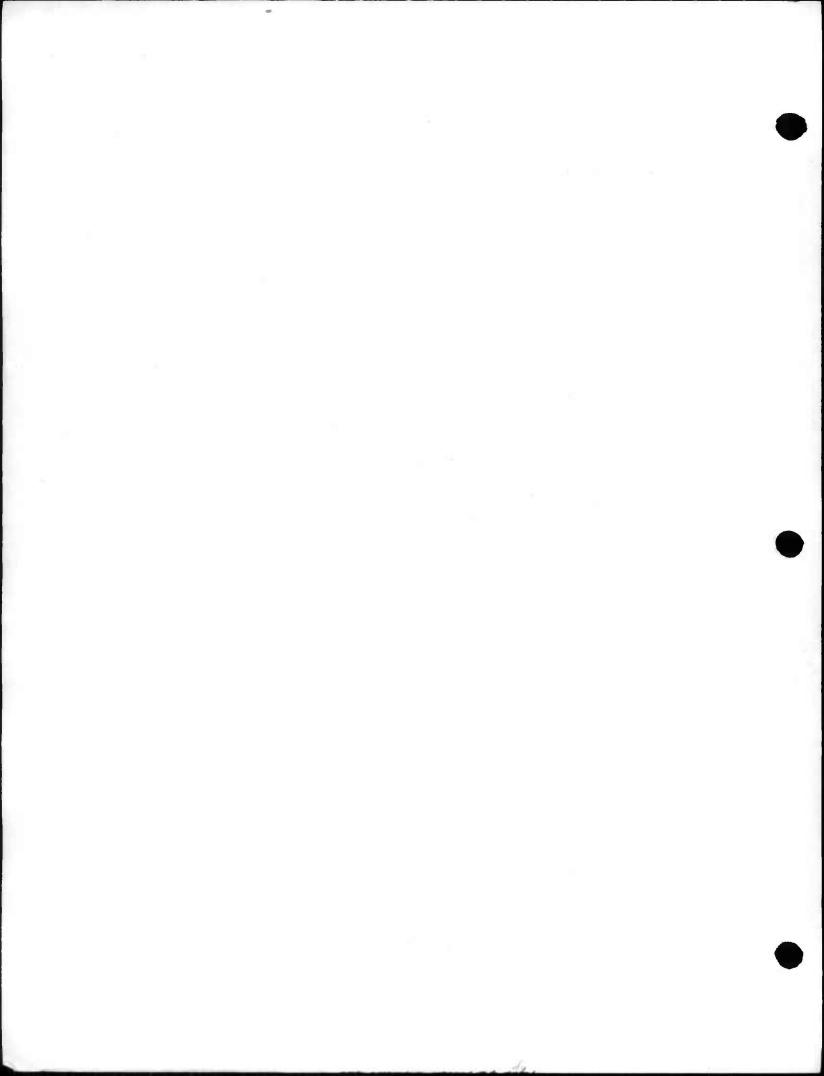
1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, TENN	LE D.LEAVITT	(Jer	NNIE D. LEAVII	2. DATE OF DEATH DAY	90 3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 215-44-2070	44-2074 1 M 2 X F 89 YRS. MONTHS DAYS HOURS MEN. 10. 25 1900							
Pa. FACILITY NAME (If not institution, LEVIND) RESIDENCE OF DECEDEN	ALE	*(CITY TOWN OR LOCATION OF D BALTIMORE	DEATH 9c. CO	DUNTY OF DEATH			
10a. STATE 10b. C	BALTIMORE	10c. CITY, TO	WN OR LOCATION BALTTMORE		10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER 1.30 11. MARITAL STATUS 1. Never Married 2. Married	SLADE AVE.		10f. ZIP CODE		U.S.A.			
3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	U.S. ARMED		ANIC ORIGIN? (Specify Yea or No— cen, Puerto Ricen, etc.)	14. RACE Trimmean Indian, Black, White Ic. Specify: WHITE			
15. DECEDENT (Specify only highest Elementary/Secondary (0-12) 3 17. FATHER'S NAME (First, Middle, La		ille. Do NOT use reti	done during most of working	16b. KIND OF BUSINESS/I	NDUSTRY			
17. FATHER'S NAME (First, Middle, La	ist)	HOME		AME (First, Middle, Maiden Surname				
ISAAC 194. INFORMANT'S NAME (Type/Print	W. DAVIDSON	105 MARING ADO		EMMA GOLDBERG				
MRS. SUE L.	,	P.O. BO		SVILLE, MD 2	LO32-0258			
23 PART i. Enter the decase ahock, others to immediate CAUSE (Final disease or condition resulting in death)	s, or complications that caused liurs. List only one cause on example of the cause on example of the cause on example of the cause on example of the cause of the	ich lina.	enter the mode of dying, su	STOWN RD., BALT	Approximata Interval Between			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
	editiona contributing to death be	ut not resulting in th	na undarlying cause given i	Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDI EXAMINER?			26. PLACE OF GEATN (C	Check only one)				
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	atlant 3 DOA 45	WORK?	8 C Other (Specify) 28d. DESCRIBE HOW INJURY	DCCURED			
2 Accident Investig 3 Suicide 5 Could r 4 Homicide determi	28e, PLACE OF INJURY building, etc. (Spec	M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Rout City or Town, State)						
anel	PHYSICIAN: To the best of my knowl				stated. o the cause(s) and manner as stated.			
296. SIGNATURE AND TITLE OF CE	WILL ATTEND	-		UMBER 29d, 0	7-20 - 90			
SET HTWAR	LEVINDALE,	ATN (ITEM 27) (Type, Print 2434 W	1. BELVERIJE	RE AVE BAL	TIMORE MD 2121			
JUL 2 5 199	32. REGISTRAR'S SIGN.	ATURE						

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ai.	10 THE FUNEXALUMES After this definitions has been signed by the availability processes and compared may are to the total and the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

31. DATE FILED (MONT) 25 1990

								30 20150	
	FOR STATE	TATE OF MARYLAND	/ DEPART	TMENT OF H	EALTH AND N	IENTAL HYGIENI	E		
	1 - STATE REGISTRAR	C	ERTIFI	CATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Little	*			2. DATE OF DEATH	94	SAR 3. TIME OF DEATH	
	4. SQCIAL SECURITY NUMBER 5. S	EX 6. AGE (In yrg. I	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	BIRTHPLACE (State or Foreign	
	27 20 6648 A 10	M 2 2 7 6	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	3	Worth Caplina	
~	9a. FACILITY NAME (If not institution, give atreet as	nd number)	,	96. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
5	RESIDENCE OF DECEDENT	5 Myspica		DOU	2010	2			
DIRECTOR	10a. STATE 10b. COUNTY	*	10c. CITY	TOWN OR LOCAT	ON			10d. INSIDE CITY	
p.	The		1 19		HUPE _			1 VES 2 NO	
FUNERAL	100. STREET AND NUMBER RUSS	DOIC St		101.	ZIP CODE	/	10g. CITIZEI	N OF WHAT COUNTRY?	
ONE	11, MARITAL STATUS 12. V	WAS DECEDENT EVER IN U.S.				C ORIGIN? (Specify Yea	or No— 14	. RACE — American Indian,	
BY F		FORCES? 1 TYES 2 [X IF YES, GIVE WAR OR DATES	∑ ио		2 NO Specify:	, Puerto Ricen, etc.)		Black, White, etc. Specify:	
	15. DECEDENT'S EDUCATION	N 16-1	DECEDENTS	USUAL OCCUPATIO	M	16b. KIND OF BUS	INESS (INDIES	Black	
ETE	(Specify only highest grade compl	leted)	(Give kind of w life. Do NOT use	ork done during mos	at of working	TOD KIND OF BOS		191	
COMPLETED			Bake	r		Muhlys	Baker	у	
CO	17. FATHER'S NAME (First, Middle, Last)					AE (First, Middle, Maiden	Sumeme)		
BE	Walter R. Lynch 19a. INFORMANT'S NAME (Type/Print)		405 44411 1010	ADDDDDD //Shrust	Octaviu	S loute Number, City or Town	- C1-4- 77- C-	4-1	
5	Woody Little				edale St			a, MD 21216	
	20s. METHOD OF DISPOSITION	20b. PLAC		ITION (Name of cen				y or Town, State	
	1 Durial 2 Cremation 3 Removal f 4 Donation 5 Other (Specify) Ento	mbment Arb	utus	Memorial		Balt	imore	County, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	• 0 0		22, NAME AN 2501	d address of fac Gwvnns F	alls Pkwy.	Funera	al Homes, Inc.	
	" Wernon R	1-avey		Balti	more, Ma	ryland 21	216		
	23. PART I. Enter the diseases, or comp shock, or heart failure. List	fications that caused the only one cause on each is	death. Do n ne.	ot enter the mo	de of dying, auch	as cardiac or respi	ratory arres	interval Between	
	IMMEDIATE CAUSE (Final disease or condition	andic). R	illo	WWO	the O	live	Onset and Death	
	resulting in death) a	DUE TO (OR AS A CONS	SEOUENCE OF	₹0	OL I	nkno	- 4	10	
N	Sequentially list conditions,	Wellto	wey	vy gelenty toper					
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	BUE TO (OR AS A CONS	SEOUENCE OF	7:	1	()			
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF	7:					
ERT	resulting in death) LAST								
O	PART il. Other significant conditions co	ntributing to death but no	t resulting i	n the underlying	cause given in I	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	a 001/1					PERFOR	./	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MED	O D D CA						W	1 YES 2 NO	
ä	(a) St 81	7						3	
ICI		SPITAL:		OTHER:	ACE OF DEATH (Che				
нүѕ	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	28b. TIM	E OF 28c. INJ		6 ☐ Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCU	RED	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJ		RK? (ES 2 NO				
-	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, s	street, factory, office	•	28t. LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,	
ETE.	4 Homicide determined								
COMPLETED	one)	To the best of my knowledge,							
	29b. SIGNATURE AND TITLE OF CENTERS	Charles of Caminifeston Show	mveaugatio	., wi my opinion, 6				cause(e) end manner as stated.	
BE	San State of Contract of Contr	ejoo	114	116	29c EICENSE NUM	7528	AND SAILES	SIGNED (Manth, Day, Shar)	
5	30. NAME AND ADDRESS OF PERSON THO CO	CAUSE OF DEATH (I	TEM OT /Tem	D-I-M	V-			+ ''	

DHMH-16 Rev 1/89

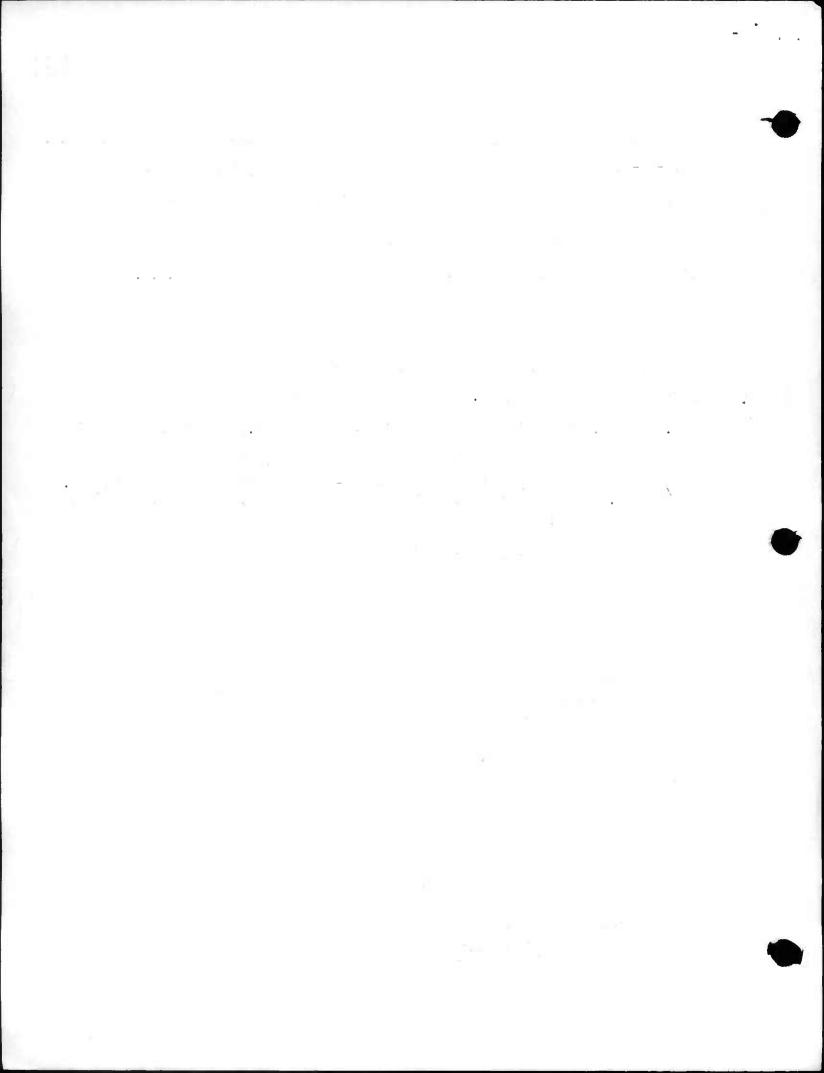


9000 Franklin Square Drive
31. DATE FILEO (Month, 10%), 1981)
32. REGISTRAR'S SIGNA
1111 9 5 1000

BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician. S certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. In the State Dept or Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—cors after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	7-31-90 cm	4										90	20151
	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND / CE				EALTH DEAT		MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		EAR 3.	TIME OF DEATH
	Charles Rich	ard 1	ANTIERI							v 20.			5:12 a.m.™
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDE		IF UNDER		7. DATE	OF BIRTH		BIRTHPL	ACE (State or Foreign
	217-30-4588	1 1 M 2 □ F	YRS.	MONTHS	ONTHS DAYS HOURS MIN.			May 12, 1937			Country) Mary	Pand	
	9a. FACILITY NAME (If not institution, give sti	217-30-4588 11XXM 2 □ F 53 FACILITY NAME (If not institution, give street and number)					R LOCATION	ON OF DE		16, 1	9c. COUNTY		
Œ.			n	:0	200		D = 0 4	f	_				
읝	Franklin Square Hospital				Rossville						Balt	e	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d Maryland Baltimore Edgemere BALTIMORE 1								10	d. INSIDE CITY			
ā									☐ YES 2 💢 NO				
FUNERAL	106. STREET AND NUMBER 101. ZIP COOE 109. CITIZEN OF WHAT 2701 Old North Point Road U.S.A.									AT COUNTRY?			
ER.													
S	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. ARI	MED		WAS DEC	ENDENT O	F HISPAN		? (Specify Yea			- American Indian, Vhita, atc.
	1 Never Married 2 X Married	FORCES? 1	YES 2 N	10			2 X NO			ilcan, atc.)		Black, W	Vhita, atc.
ВУ	3 Widowed 4 Divorced						94	-,,				(White
COMPLETED	15. DECEDENT'S EDUC	CATION completed)	16a. DE	CEDENT'S	USUAL C	CCUPATIO	N et of workin	107	16b.	KIND OF BUS	SINESS/INDUS	TRY	
ш	Elamentary/Secondary (0-12)	College (1-4 or 5) life.	Do NOT u	se retired.)	aging mo	st of working	y					
API	9 years	n/a	Tro	ictor	. Ope	rato	12			Steel			
ō	17. FATHER'S NAME (First, Middle, Last)					- Allinos	18. MOTI	HER'S NA	ME (First, A	Aiddle, Maiden	Surname)		
BE (Joseph Alfonso La	ntieri,	Sr.				Mer	ian	Audr	ey Mck	inney		
10	19a. INFORMANT'S NAME (Type/Print)									per, City or Town			
F	Mrs. Ethel J. Lan	tieri	3	3701	Old	Nort	th Po	int	Rd.,	Edgen	nere.	MD	21219
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 M Cremation 3 ☐ Ramo	wal from Stale	20b. PLACE other pla	1							CATION — CH		
	4 Donalion 5 Other (Specify)	741 11011 0411	Green	Mou	nt (emet	ery	7/23	3/199	0 Bal	timor	e Ci	ty
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Pi N)	22	NAME AN	D ADDRE	SS OF FA	CILITY	Hama	of Du	ndal	k, Inc.
	Brian T. Chish	olm W	· M	-	1 7	1922	Wixo	Aug	MIIO	Balti	imare	MD	21222
	23. PART I. Enter the diseases of c	1100	caused the de	ath/DA									Approximata
	ahock, or haart fallure. I				or arrea	tra mo	da or dy	ing, 500	ii da care	nac or reap	atory arres	4,5	Interval Between
	IMMEDIATE CAUSE (Final disease or condition												Onset and Death
	reaulting in death)	. Chroni	C Inter	stit	ial	Lun	g Dis	seas	e				
		00E 10	OH AS A CONSEC	JUENCE U	rj.								
CERTIFICATION	Sequantially list conditions,	OUE TO	(OR AS A CONSEC	DUENCE O	E:								ļ
ATI	If any, leading to immediate cause. Enter UNDERLYING		(011110110110110110110110110110110110110		. ,								İ
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):								+
투	resulting in death) LAST												
핑		1											
	PART II. Other algnificant condition	_	daath but not r	esulting	In tha u	nderlying	g cause g	given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
2	Pneumoth	norax								7/	. □ NO	CC	OMPLETION OF CAUSE F DEATH?
	Aspirgil	losis							_				YES 2 NO
PHYSICIAN: MEDICAL									_				0.14.303.4
A	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Ch	eck only or	10)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		u 5 □ Ri	aldenca	8 Othe	r (Specify)			
¥	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. T/A	AE OF	28c. INJ	URY AT			CRIBE HOW I	NJURY OCCU	RED	
2 Accident Investigation 2 Accident Investigation 28e. PLACE OF INJURY — At home, larm, street, factory, office. 28e. PLACE OF INJURY — At home, larm, street, factory, office.													
									ite Number,				
Ĕ	4 Homicide detarmined	building,	etc. (Specify)						City	or Town, State)			
Ë	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of	my knowledne de	ath coor	red at the	Ilma data	and place	and due	lo lbs es	see(a) and man	nner as elet-		
COMPLETED	(Critick only												nd manner as stated.
8					., ,,	- monit of							
BE	296. SIGNATURE AND TITLE OF CERTIFIER		Vonda (G0c14	۵۵		29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED (M	fonth, Day, Year)
0	Vonda Gostee 7/20/00												

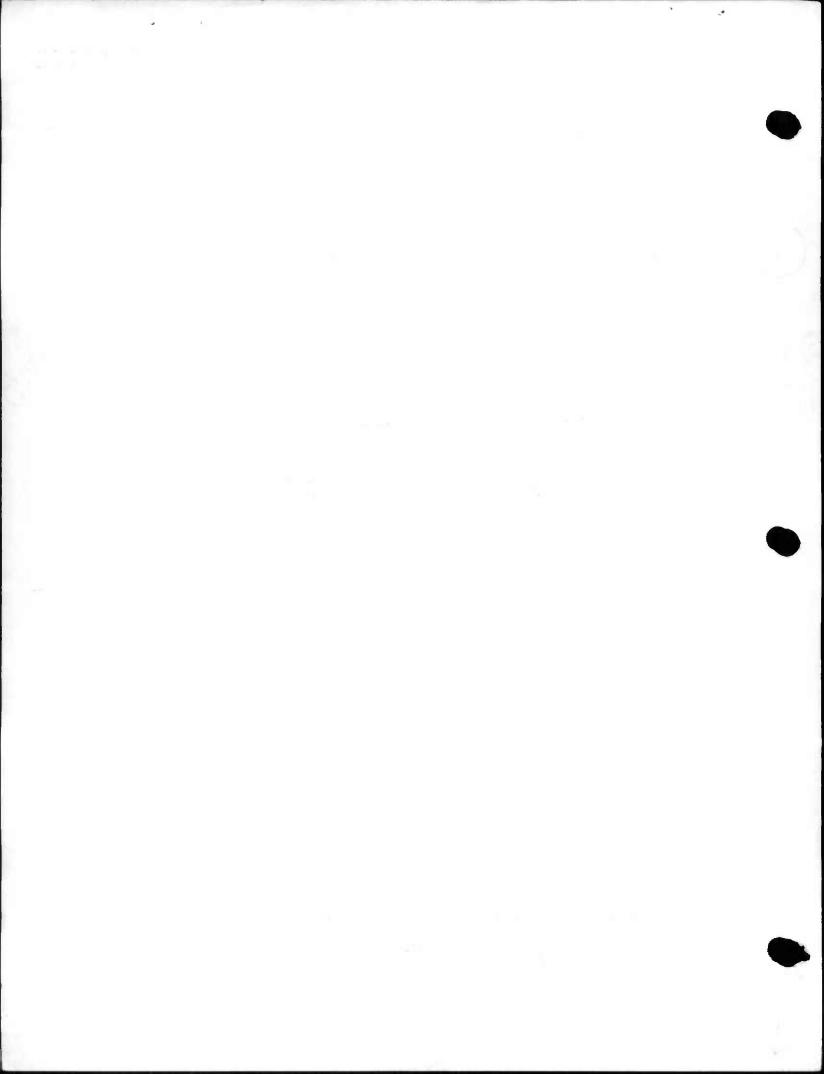
Baltimore, MD 21237



ors 1, 2, 3 should

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
į	1. OECEOENT'S NAME (First, Middle Last)	I D meaks	2. OATE OF OEATH

	* REGISTRAR	ENTIFIC	MIEU	PUEAIR	REG. NO.						
į	1. OECEOENT'S NAME (Elist, Middle, Last) Sydney D. Mai	eks			2. OATE OF OEATH MONTH J 19 19 90 12 20 A						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les		IF UNDER 1 YEA	IF UNDER 24 HRS.	7. OATE OF BIRTH		BIRTHOLACE (State or Foreign				
	213-01-2584 11 № 2 🗆 ೯ 79		ONTHS DAY		(Month, Day, Year) 8/24/10		MARYLAND				
	9a, FACILITY NAME (If not institution, give street and number)			N OR LOCATION OF OE	ATH	9c. COUNT	Y OF OEATH				
TOR	GREATER Baltimore Medical Cer	nter	10	WEON		Ba	HIMORE				
DIRECTOR	10e. STATE MARYLAND 10b. COUNTY	10c. CITY,	TOWN OR LO BALT	EATION IMORE		10d. INSIDE CITY LIMITS? 1 XES 2 NO					
FUNERAL	7027 SURREY DR., 1st FL			10f. ZIP COOE 21215	5	en of what country? USA					
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR	RMEO	13. WAS (ECENOENT OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.				
BY F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES Wildowed 4 Divorced William	WII		specify Cuben, Mexices ES 2 ANO Specify			Specify WHITE				
15. OECEOENT'S EQUCATION 164, OECEOENT'S USUAL OCCUPATION 166, KIND OF BUSINESS/INDUSTRY											
COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5 +)	live kind of wo b. Do NOT use	rk done during retired.)	most of working							
7	12	SELF-	EMPLOY	ED	l G	ENERAI	L MERCHANDISE				
S	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden		1121(01111(012))				
	ISRAEL MARKS				A TEVES	, , , , , , , , , , , , , , , , , , ,					
BE	19a, INFORMANT'S NAME (Type/Print)	h MAILING A	OODESS /Sw		loute Number, City or Tow	e Chate 7lo	Codel				
2				DR., 1st		D., MI					
	20a METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donatton 6 Other (Specify)		NON (Name of	cometery, cremetory or	Baltimore md.						
	21. SIGNATURE OF FUNERAL SERVICE-LICENSSE ()	1 300		ANO AOORESS OF FA		<u> </u>	1				
	Anoluey L Stillenan				& BROS, : STOWN RD.		MD 21215				
	23/PART I. Enter the diseases, or complications that caused the de	eeth. Do no	t enter the	mode of dylng, sucl	as cerdiec or reepi	ratory arre	est, Approximate				
	shock, or heart failure. List only one ceuse on each line	e.					Interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition	1.15	T	+.			G. A.				
	resulting in deeth) a. // 9 or as a course	OVENCE OF	mjar	un.			30000				
	disease or condition resulting in deeth) a. Oue to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of):										
8	Sequentially liet conditions, OUE TO (OR AS A CONSCIUENCE OF):										
F	If eny, leeding to immediate cause. Enter UNDERLYING	ODENOE OF									
5	CAUSE (Disease or Injury	OUENCE OF									
Ē	that Initiated events resulting in deeth) LAST						İ				
CERTIFICATION	d										
	PART II. Other aignificent conditions contributing to death but not	reaulting in	the under	ying ceuse given in	Part J. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
EDICAL	Dealeter melhon, End I tage	Kent	1)40	in on Perl	YES 1 TYES 2		COMPLETION OF CAUSE OF OEATH?				
	Preumonin Pershel then	un. t	4.				1 TYES 2 NO				
2		0	1		_						
AN	25. WAS CASE REFERRED TO MEDICAL		20	, PLACE OF GEATH (Ch	eck only one)						
PHYSICIAN:	EXAMINER? HOSPITAL: 1 YES 2 NO LD thipstlent 2 ER/Outpatient		OTHER:		a [] Oth (0#4						
¥	27. MANNER OF OEATH 28s. DATE OF INJURY	28b, TIME		INJURY AT	28d. OESCRIBE HOW	INJURY OCC	UREO				
	1 Natural 5 Pending (Month, Day, Year)	INJU	RY	WORK?	200. OEGONIDE HOW		OTILO				
ВХ	2 Accident Investigation				AA4 1 00171011 (01						
	3 Suicida 6 Could not be determined 26e. PLACE OF INJURY — At h building, atc. (Specify)	261. LOCATION (Street City or Town, State		or Hurel Houte Number,							
Surficion City or Town, Stete City or To											
											29b. SIGNATURE AND HITLE OF CONTIFIENT
BE	O Vert VIgan			D09212		b	19/90				
2	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STI	EM 27) (7/pm.	Prints	1 009212		- //	13/30				
				11/4 D-14	dmarca 100	21.00	11				
	31. OATE FILEO (Month. Day Year) 42. REGISTRAR'S SIGNATURE		suite	114 Ralt	imore, MD	2120	/1				
	JUL 25 1990 gelie Devidson Fan	d. 00									
	AATA O 1000 Januar Mallanda Mallanda										



		ınsit permit. Pages 1, 2, 3 should	
DALLIMORE, MARILAND 21205-0140	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	it be notified at once.
PALLIMON PALLIMON	ated within 2 mours after death. Page 6 n	completely filled in by the funeral director, rial, cremation, or removal.	c event, the medical examiner mus
DIVISION OF VITAL RECORDS, T.O. BOA 13149,	he law requires that the death certificate be execu	has been signed by the attending physician and pept, of Health and Mental Hyglene prior to but	n 23 shows any injury, or other traumati
ALIA LO NOISIAIO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: TI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in the filled within 72 hours after death with the State Dept., of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I		DEPAR ERTIF					MEN	ITAL HYGIEN) (20133
	1. DECEDENT'S NAME (First, Middle, Last)									DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
- 1	Richard NMI MIN	NER								11y 21,		YEAR	7:12PM M
	4. SOCIAL SECURITY NUMBER 248 36 9321	5. SEX	6. AGE (In yra. le:	st birthday) YRS,	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. D	Month, Day, Year)	6. BIRTHPLACE (State or Foreign BARNWELL S.C.		
	9a. FACILITY NAME (If not institution, give st	met and number)			Oh CITY	TOWN	P I OCATI	ON OF DE	_	7 7	Tan col	INTY OF D	
œ	DOCTOR'S HOSPITA				9b. CITY, TOWN OR LOCATION OF DEATH								
2	RESIDENCE OF DECEDENT	ب.			LANHAM						PRI	NCE (GEORGE
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND PRINCE		ty, town or location LANDOVER								10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER			101	ZIP COD	E		· · · · · · · · · · · · · · · · · · ·	10g. CIT	IZEN OF	WHAT COUNTRY?		
FUNERAL	3123 82nd AV	E					207	85			UNI	CED S	STATES
N	11. MARITAL STATUS	12. WAS DECEDEN								RIGIN? (Specify Ye	s or No-	14. RAC	E — American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2	NO .		If yes, sp 1 TES	2 🖰 NO	n, Maxica Specifi	n, Pui y:	erto Rican, etc.)		Spec	k, White, etc. 3LACK
	15. DECEDENT'S EDUC (Specify only highest grade			ECEDENT'S Sive kind of				na		16b. KIND OF BU	SINESS/IN	DUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	- 14	B. Do NOT u	se retired.)				- 1				
AP.	09			DISE	ATCH	IER				US POS'	TAL S	SERV]	CE
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (F	First, Middle, Meiden	Sumame)		
BE (RICHMOND MINER						HEN	IRIET	ГТА	DEVOR	E		
10	19a. INFORMANT'S NAME (Type/Print)		19	D. MAILING	ADDRES	S (Street a	nd Numbe	r or Rurel i	Route	Number, City or Tox	vn, State, Z	ip Code)	
F	RUTH MINER 2902 BRIGHTSEAT RD #302 GLENARDEN MD 20706												
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remote 4 Donation 8 Other (Specify)	oval from State	20b. PLACE other p MARY	vlace)					RY		CATION -		
	21. SIGNATURE OF FUNERAL SERVICE LIC	LENSEE POR	9		22.	ALEX	AND		PO	PE FUNE WASH D		HOME	
	23. PART I. Enter the diseases, or o	complications the	t coused the d	eath. Do	not enter								Approximate
	ahock, or heart failure.	0.							•		Interval Between Onset and Death		
	immediate Cause (Finel disease or condition resulting in death) s Due to (or as a consequence					0	0 =	9	_				
	resulting in death)	B. DUE TO	IOR AS A CONSE	OUENCE C	PEI:	+ 1c	- / -	5	_				NINUTES
		CARDIAC ARRIVET HMA DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CONSE	QUENCE C	OF):					112			THE CARE
AT	if sny, lesding to immediate cause. Enter UNDERLYING	CA	2010	N	, –	r. 8	Δ.	7 1	4 -				YEARS
F	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	EQUENCE (F):	0 1							
E	resulting in death) LAST												!
CE		0											
AL	PART II. Other aignificant condition	_		resulting	in the u	nderlyin	g cause	given in	Part	I. 24s. WAS AI PERFO		24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDICA	BOLV N. N.	LULIA	111/							1 TYES	2 10 NO		COMPLETION OF CAUSE OF DEATH?
M	L												1 TES 2 NO
ż													
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ноерита					LACE OF I	DEATH (CA	heck o	nly one)			
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		6 5 A	asidence	8 🗆	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. TH	WE OF		URY AT		280	. DESCRIBE HOW	INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation		,, ,		M		WORK? YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined		28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						281. LOCATION (Street and Number or Rural Poute Number, City or Town, State)				
COMPLET	29a. CERTIFIER	CIAN, T. A.	e man farencia de la constante	la est =		alm -			1			and a st	
MP	(Check only CERTIFTING PHYSI	ICIAN: To the best of											(a) and manner on stated
000	2 MEDICAL EXAMINE		AMPRICATION BIND/O	rinvestigat	on, in my	opinion, e							(a) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R	0					ENSE NU		1	29d. D/		D (Month, Day, Year)
TO B	61/	>					D 3	1069)			7,	/23/90
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF DEATH (IT	EM 27) (Typ	e, Print)								

ME MD, 9602-F MARTIN LUTHER KING HY, LANHAM MD
32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BONE MD

GEORGE H.A.

"JUL2"5 1990

20744

744

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	, t	2. DATE OF OEATH
PAUL BROWN MI	CHAELS	JULY 20,19

	REGISTRAR		C	ERITE	ICATE	: OF	DEATH		RE	G. NO.				
į	1. DECEDENT'S NAME (First, Middle, Last)			1			1 1	2	DATE OF O	EATH DAY		YEAR	3. TIME C	OF OEATH
		CHAELS						\rightarrow	JULY 2		90		6:30	
			6. AGE (In yrs. le		IF UNDER	1 YEAR DAYS	HOURS MIN.	7.	Month, Day	HTH Year)		Count	ry)	ate or Foreign
	217143113	[X x 2 □ F	66	YRS.		MONTHS DAYS HOURS MIN. 3/4/24 Maryland							d	
_	9a. FACILITY NAME (If not institution, give stree	t and number)			9b. CITY	96. CITY, TOWN OR LOCATION OF DEATH								
5	SACRED HEART HO	DSPITAL			Cī	CUMBERLAND, MD. 21502 ALLEGANY					ANY			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	1 400 077	Y. TOWN C	20.1.004	TION						10d. INSII	DE CITY		
=	M 1										LIMI	TS?		
3	Maryland Alles	gany		W	este		OOTT		10g. CITIZEN OF					2 NO
4	156 Church St.				21562						-		WHAI COUR	NIMIT
FUNERAL DIRECTOR					10						US.			
	XX Never Married 2 Married	2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2			If yes, sp	CENDENT OF HISF pecify Cuban, Mex	ican, I			r No—	Blac	E — Americ k, White, et	cen Indien, ic.
R	3 Wildowed 4 Divorced			1 NES	S AN Spe	city:				Spec	"Wh	ite		
	15. DECEDENT'S EDUCAT	TION	16a. D	ECEDENT'S	USUAL O	CCUPATI	ON	_	16b. KIND	OF BUSII	NESS/INI	DUSTRY		
=	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(C)	Give kind of a le. Do NOT u	work done (se retired.)	during m	ost of working							
7	n/a		Be	t h le	hemS	Stee	e 1		st	ee1				
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME	(First, Middle,	Maiden St	umame)			
	Archibald M	<u>lichael</u>	s				De 1	112	a B	road	dwa	ter		
BE	19e. INFORMANT'S NAME (Type/Print)			9b, MAILING	ADDRESS	S (Street	and Number or Run							
2	Harold Michaels	5	7:	2-29	9 So	mme	erset I	r.	. Pal	m De	ese	rt.	CA	92260
ŀ	20e. METHOO OF DISPOSITION		20b. PLACE	E OF DISPO			metery, crematory of						own, State	
	1 Burlet 2 1 Cremetton 3 Removal from State Smithsburg Crematory Smithsburg Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE //	11				ND ADDRESS OF	FACIL	.ITY					
- 1	> 11 /aug 01	Bon	1/1						Varni					
	23. PART i. Enter the diseases, or cor	Jong	anned the d	leath De		Ab a ma			npor					nanulmata
	shock, or heert failure. Lie	it only one caus	e on each iin	ie.	HOL CHILDI	the like	oue or dying, a	ucn e	es cardiac c	or reapire	otory ar	1031,	Inte	proximate ervai Between
	iMMEDIATE CAUSE (Final disease or condition	Pr.	4		0		ZAMA.						Ons	set and Death
	resulting in deeth) e. K1z S / NAT D RY DUE TO (OR AS A CONSEQUENCE OF):													
_	- Pulmon en Endeli													
5	Sequentially list conditions,	1												
CENTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): ### SEQUENTIES OF CONSEQUENCE OF): #### SEQUENTIES OF CONSEQUENCE OF): ###################################													
Ĕ	that initiated events	DUE TO (OR AS A CONSE	EQUENCE O	f):	0			-	-			1	
=	resulting in death) LAST	Cel	likel	5	266	-	29 0	4	beli	1	00	- Wl	un	
	PART II. Other significant conditions	contribution to	doeth hut not	itin-	In the se	nel o el sel e	an anuas abus	in De	- 1 A4-	WAS AN A	umanev	1	WEEE ALL	TOPSY FINDINGS
Ž	A / O I I	contributing to t	seath out not	resulting	in the ur	noenyin	ig cause given	in Pe	917 I. 248.	PERFORM		241	AVAILABLE	E PRIOR TO TON OF CAUSE
EDICAL	Mulkery FC	new	di		/			(10		YES 2 [NO		OF DEATH	
	1 Careller	mill	vers	1	19	nge	stive!	je	em le	ile		1	1 TYES	2 NO
PHYSICIAN: M	Jegne,	0 Seen	ly,	se	Coh	ste	Sm.							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		/	OTHE		PLACE OF DEATH	(Check	(only one)					
2		☐ Inputient 2 ☐		_	_		me 5 - Resident	-						
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF I		28b. TIA	JURY M	W	JURY AT ORK?	2	ed. DESCRIB	E HOW IN	JURY OC	CCURED		
R	2 Accident Investigation	28a BI ACE OF	INJURY — At h	ione form			YES 2 NO	-	181. LOCATION	N /Ctmat as	and Advantage	as as Owned	Boute Mumi	har
	3 Suicide 8 Could not be 4 Homicide determined	building,	rtc. (Specify)	rome, min,	atreet, rac	aory, orr		1	City or Tox	vn, State)	ra ivambe	or or nurer	PIODIO NUME	Jor,
COMPLEIED	29a, CERTIFIER													
4	(Check only													
	2 MEDICAL EXAMINER:	On the basis of ex	amination and/o	r investigati	on, in my	opinion,	death occured at 1	the tin	ne, date end	place, end	due to t	the cause(s) end men	iner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE	NUMB	ER		29d. DA	TE SIGNE	D (Month, D	ay, Year)
0	· · · · · · · · · · · · · · · · · · ·	frelm					1026	90	7		7	129	90	
-	30. NAME AND ADDRESS OF PERSON WHO					777	OCCUDATO	, .	MD 2	1522	7	7		
	HARJIT SIDHU,		TARN '		UL	F E	ROSTBURG	,	עוז ע.	1532				
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAI	A RANGE	2										
- 1		The second second												

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

BE

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	1 - FOR STATE REGISTRAR	E OF MARYLAND / DE		ENT OF H				GIENE G. NO.	30	2013		
	1. DECEDENT'S NAME (First "Addio, Lost) Margaret A. Nagen 4. SOCIAL SECURITY MURROUTH	gast A. AGE (In yrs. last bir	though in		wore		2. DATE OF DE MONTH 7 7. DATE OF BIF	23 DAY	90 _	TIME OF DEATH		
	215-07-5207D	2 DXX 89	YRS. MONT	BUNDER 1 YEAR BUNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH MONTH DAYS HOURS MIN. 7. DATE OF BIRTH MONTH DAYS HOURS MIN. 7. DATE OF BIRTH MONTH DAYS HOURS MIN. 7. DATE OF BIRTH MONTH DAYS MIN. 7. DATE OF B								
DIRECTOR	Mercy Hospital			Baltimore								
	10e. STATE 10b. COUNTY MD 10e. STREET AND NUMBER	1		timor	e					d. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	231 South Clinton			101. ZIP CODE 21224					JSA			
BY FU	1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. ARMEI IES? 1 TYPES 27 THO S, GIVE WAR OR DATES			cify Cubar		, Puarto Rican,	cify Yea or No— atc.)	Black, W Specify:	American Indian, hite, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College UNKNOWN	(Give i (1-4 or 5+)	DENT'S USUA kind of work of NOT use retir		N st of working	g		OF BUSINESS/IND				
BE COME	17. FATHER'S NAME (First, Middle, Lest) James McNicholas	Onema	aker			_	n home Malden Surname)					
TO B	Margaret Nagengast 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 231 S. Clinton St/Balto. MD 21224											
	20a. METHOD OF DISPOSITION 1\(\Delta \) Aurial 2 \(\text{ Cremation } 3 \) Removal from 4 \(\text{ Donation } 5 \) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC.	State 20b. PLACE OF other piece) New			l Ce	met	erv	Baltin				
	· Willhord			Morai 3000	n-As E.	hto Bal	n Fune	eral Ho	ilto.	Inc. MD 2122		
	23. PART I. Enter the diseases, or complicat shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	one cause on each line.	atro	nter tha mo	da of dyl	ng, auch	aa cardiac o	r respiratory an	reat,	Approximate interval Between Onset and Daath		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Dast Plumation Plumation Plumation Plumation Plumation Plumation Plumation Plumation Plumation Plumation Plumation Plumation Plumation Plumation Plumation Due To (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	Multiple Strokes PERFORMED? 1 YES 2 DATO OIL								AM CO OF	PERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 yo 1 1 1 1 10000	TAL		HER:			ick only one)					
BY PHYS	27. MANNER OF DEATH 28a. 1 Natural 5 Pending		8b. TIME OF INJURY	28c. INJI WO			8 Other (Spec 28d, DESCRIBE	HOW INJURY OC	CURED			
		3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, fa building, stc. (Specify)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the medical examiner: On the light of the light of the light on the light of the light o	ne best of my knowledge, death basis of axamination and/or inve								id menner as stated.		

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Mor
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Son Print)		7

30.

th, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
	2	=
	ithin	Ë
	M P	R
	file	APO
7	8	=

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BE COMPLETED BY FUNERAL DIRECTOR

9

FOR 1 - STATE REGISTRAR		STATE OF I					EALTH AND I	MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First		h C. Ow		ZEITTI	IOATE	01	DEATH	2. DATE	OF DEATH) 19	9 ^V E ^{AR}	3. TIME OF DEATH 8:27p M
4. SOCIAL SECURITY NUME 383-10-370	14	5. SEX	6. AGE (In yrs.	8 YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont) MAY	(Month, Day, Year) Country)			EW YORK
9a. FACILITY NAME (# not institution, give street and number) Montgomery General Hospital RESIDENCE OF DECEDENT							Maryl				tgo:	mery
MD.	10b. COUNTY	GOMERY		10c. CIT	y, town or SANDY					-		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE 17310 QUAKER LANE C-5 20860 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGINAL CONTROLL									USA	WHAT COUNTRY?		
1 Never Married 2 1 Dive		FORCES? 1	YES 2	NO	H 3	res, sp	ecify Cuban, Mexica 2 MO Specify	in, Puerto I	rr (specify tes Rican, etc.)	or No-	14. HAC Blac Spec	E — American Indian, k, Whita, atc. city: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 1 2 1 6 1 6 a. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.) INSURANCE AG					ring ma	st of working	186. KINO OF BUSINESS/INDUSTRY INSURANCE				C	
17. FATHER'S NAME (First, Middle, Lest) EARL H. OWEN ANNIE CUTHBER'S								1				
LOUISE P.					ME AS	.,,	nd Number or Rural	Floute Numi	ber, City or Town	n, State, Zi	ip Code)	
20a. METHOD OF DISPOSIT 1 Durini 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem r (Specify)		other	place)	POLITAN CREMATORY 20c. LOCATION — City or Town, S ALEXANDRIA. VA							
21, SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE /	an	Ken	MU.	RIE	LAYTONS	BER				ILLE MD 2088
23. PART E. Enter the d shock, or h IMMEDIATE CAUSE (Findisease or condition resulting in death)	eart failure.	List only one car	it caused the use on each i	death. Do no.	not enter ti	e mo	de of dying, suc	ch aa can	diac or reapi	ratory as	rreat,	Approximate interval Between Onset and Death
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. COVCOSTIVE MOST CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
PART II. Other significa	ant condition	ns contributing to	death but no	t resuiting	in the und	erlyin	g cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	240	b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO

						1 WES 2 N	
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	26. PLACE OF DEATH (CA	neck only one)		
1 YES 2 THO	1 Inpatient 2 Prooutpatient :			rsing Home 5 - Residence	8 Other (Specify)		
77. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		28c. INJURY AT WORK? 1 YES 2 NO	8d. DESCRIBE HOW INJURY OCCURED		

2 Accident
3 Suicide
4 Homicid 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one)

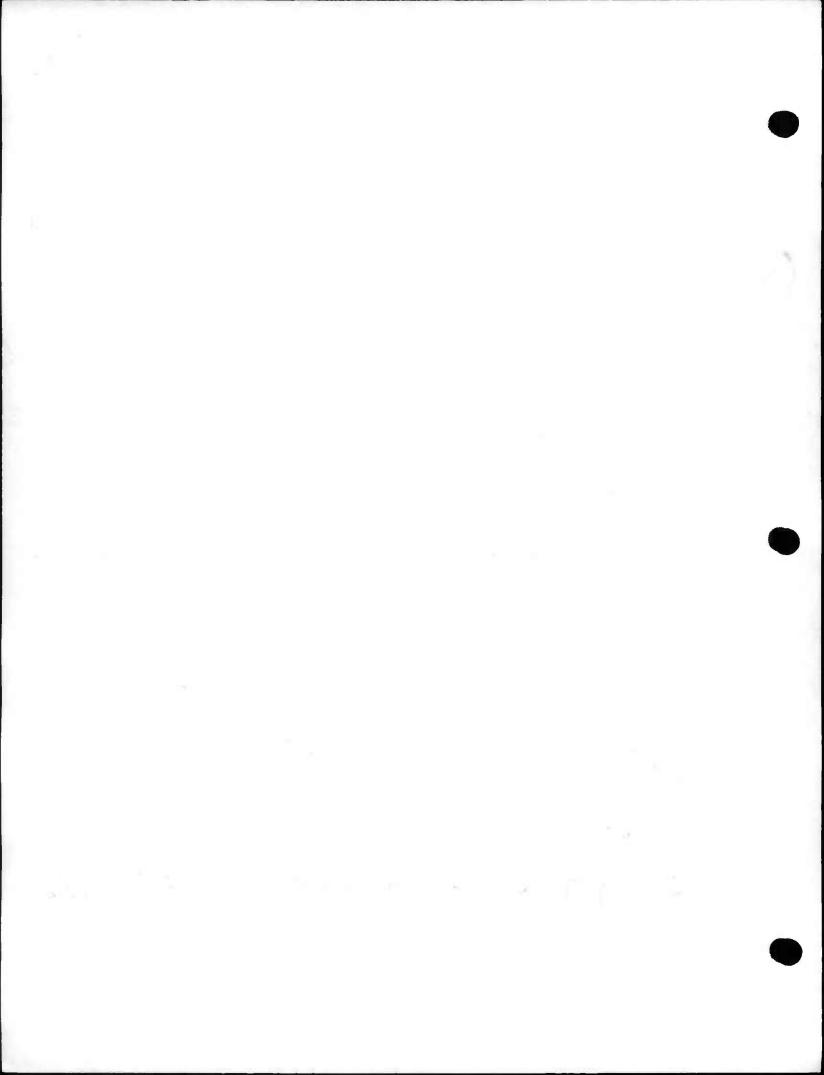
29d. DATE SIGNED (Month, Day, Year)

am Denses day	105909	17/21/90

9, 11, 15.8

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	CAL CERTIFICATION
	MEDICAL
	BY PHYSICIAN: MEDICAL
	BY
	BE COMPLETED
	BE
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	TEGIOTTAIT										Lu. NO.			
1	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D	DEATH	(Y	YEAR	3. TIME OF DEATH
·			INGEBOR	GOSTER	RCHRIS	T				July	22,	1990		1:30 P.M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF B	нотн			IPLACE (State or Foreign
	220-62-0227		1 □ M 2 🏝 F	53	YRS.	MONTHS	DAYS	NOURS	MIN.	(Month, De Aug. 23	193	16	Cer	many
l	9a. FACILITY NAME (If not in	Mr. Mariana da					9b. CITY, TOWN OR LOCATION OF DEATH							9
			•						ON OF DE	ATH			OUNTY OF DEATH	
0	311 Lochvie		ace		Timonium Balt						imor	e		
5	RESIDENCE OF DEC						,,,,,,							
ו	10a. STATE	10b. COUNTY				Y, TOWN		ATION						10d. INSIDE CITY LIMITS?
ā	Maryland	Balti	more		Tin	oniu	ım							1 YES 2 1 NO
4	10e. STREET AND NUMBER						1	of. ZIP CODE	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
R	311 Lochvie	w Terr	ace					2109	3			п.	S.A.	
BY FUNERAL DIRECTOR														
5 1	11. MARITAL STATUS 1 Naver Married 2	Mandad	12. WAS DECEDEN FORCES? 1	YES 2	NO	13.				IIC ORIGIN? (S _i		or No-	Binci	E — Americen Indien, k, White, atc.
_	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES			1 🗌 YE	S 2 NO	Specify	r:			Spec	ny: ite
	3 WIOWWG 4 DIVO		l _										MII	ite
COMPLETED		EDENT'S EDU		18e.	(Give kind of life. Do NOT u	Work done	during n	TION nost of working	10	18b. KIN	D OF BUS	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0		College (1-4 or 5)							
ם	12		5]	Execut	ive				I.	T.C.	Cor	pora	tion
0	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middl	le, Maiden	Surname)		
0	Hans Weisha	upt						Fi	ne C	. Lich	tsch	lag		
H	19e. INFORMANT'S NAME (Turne/Print)		T	105 MAIL IN	ADDRES	SS /Street			Route Number, C			in Code)	
2	Peter F. Os		ict		Same			C GING TYGINION	Of Hurar	TOUTO TYUTTION, C	sity or low	77, Oldie, 23	p 000e)	
			150											
	20e. METHOD OF DISPOSIT 1 □ Burlel 2 □ Cremetic		ovel from State	othe	CE OF DISPO								City or To	
	4 Donation 5 D Other	(Specify)	1/ 1	Gr/e	en Mo	unt	Cre	mator	y 7/	30/90	Ва	lto.	, Md	•
	21. SIGNATURE OF FUNERA	L SEMPLE LIC	CEMPER/	- 1/		22	NAME .	ANO AOORE	SS OF FA	CILITY	1 77 -		_	
	D/ 100	10	1 11.1.1	1			Kuc			Funera		-		
	MMacco		eager	m				10	50 Y	ork Rd	., T	owso	n, M	d. 21204
	23. PART I. Enter the d	iseasaa, br	complications the List only one car	it caused tha	daath. Do	not anta	r the n	noda of dy	ing, auc	h aa cardlec	or reap	iratory a	rrest,	Approximata interval Between
	IMMEDIATE CAUSE (Fig		Liat Offy Dia Car	add Dil dacii	iiiia.				01	2				Onset and Death
1	diseasa or condition		Con	cia	11	1 11		2	1	/	2	11		11
	resulting in death)		a. DUE TO	(OR AS A CON	SEQUENCE (OFI:	u	9		100		-		16 year
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1						
CERTIFICATION	Sequentielly list condit	ions,	b.	(OR AS A CON	ISECULENCE (NE).		0						
Ė	if eny, leading to imme cause. Enter UNDERLY		OUE TO	(On AS A COM	ISEOUENCE C).								İ
5	CAUSE (Disease or Inju		C	(OR AS A CON										
늗	that initiated events resulting in death) LAS	т.	DUE 10	(OR AS A CON	ISEQUENCE ()F):								
8	resulting in death) LAS	" (d		_									
O	PART II. Other eignifica	nt condition	na annielbuilea ta	dooth but a	et escultion	In the t	and and a	las sauss	aluan la	Don't los	- 440 41	AUTOPSY		. WERE AUTOPSY FINDINGS
A	PANT II. Othar eigninica	int condition	is contributing to	death but n	or resulting	in the c	inderiy	ing cause	given in	Part 1. 24	PERFO		250	AMAILABLE PRIOR TO
8										11	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
MEDICAL													- 1	1 YE\$ 2 NO
									-					
PHYSICIAN:	25. WAS CASE REFERRED 2	O MEDICAL	1				26	PLACE OF F	DEATH (C)	eck only one)				
\overline{c}	EXAMINER?		HOSPITAL:			OTHE	R:		/		127.49			
YS	1 TYES 2 MO		1 Inpetient 2				_		ealdenca	a Other (S)				
표	27. MANNED OF DEATH	2.5	28e. DATE Of (Month, i	F INJURY Day, Year)	28b. TI	ME OF IJURY	1	NJURY AT WORK?		28d. DEŞCRI	BE HOW	INJURY O	CCURED	
BY	1 Natural 5 2 Accident	Pending Investigation				М	1 [YES 2	_ NO					
	3 Suicide a	Could not be		of INJURY — A	t home, farm,	street, fe	ctory, of	fice			ON (Street own, State		er or Rural	Route Number,
回	4 Homicide	determined		, eta: (opeony)						J Gily Gi ii	own, ouno,	,		
COMPLETED	29e. CERTIFIER	TIEVING BUVE	ICIAN. To the best o	4 be ended in	4.46		Alma d	-1	- Table of the	As the second	a) and ma		-11	
€	(CribCk Orlly		ICIAN: To the best o											
ᅙ	2 <u>MEC</u>	ICAL EXAMIN	ER. On the balle of	A PROPERTY OF STREET	vor investigat	ion, in my	opinion	, demin occu	Ired at the	time, date en	pince, e	na aus to	me ceuse(e) end manner ee stated.
ш	296 SIGNATURE AND TITL	E OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
00	Benn	JAT	· Mul	ma	re	m	X	ID	01	325		PQ.	ule	1319an
임	30. NAME AND ADDRESS O	PERSON WI	10 COMPLETED CAL	SE OF DEATH	(ITEM 27) (Typ	e, Print)						1		, 11
	George T. G	ilmore	. M.D	717 Y	rk Rd	. т	uth	erwil	10	MA 21	UO 3		V	
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATUR	E NU	., 1	a cill	CIVII	10,	14. ZI	093	_		
		2 5 199	32 DEGISTA	avidson	Mandelle									
- 4		D 0 125	10/1	100			77							



examiner must be notified at once.

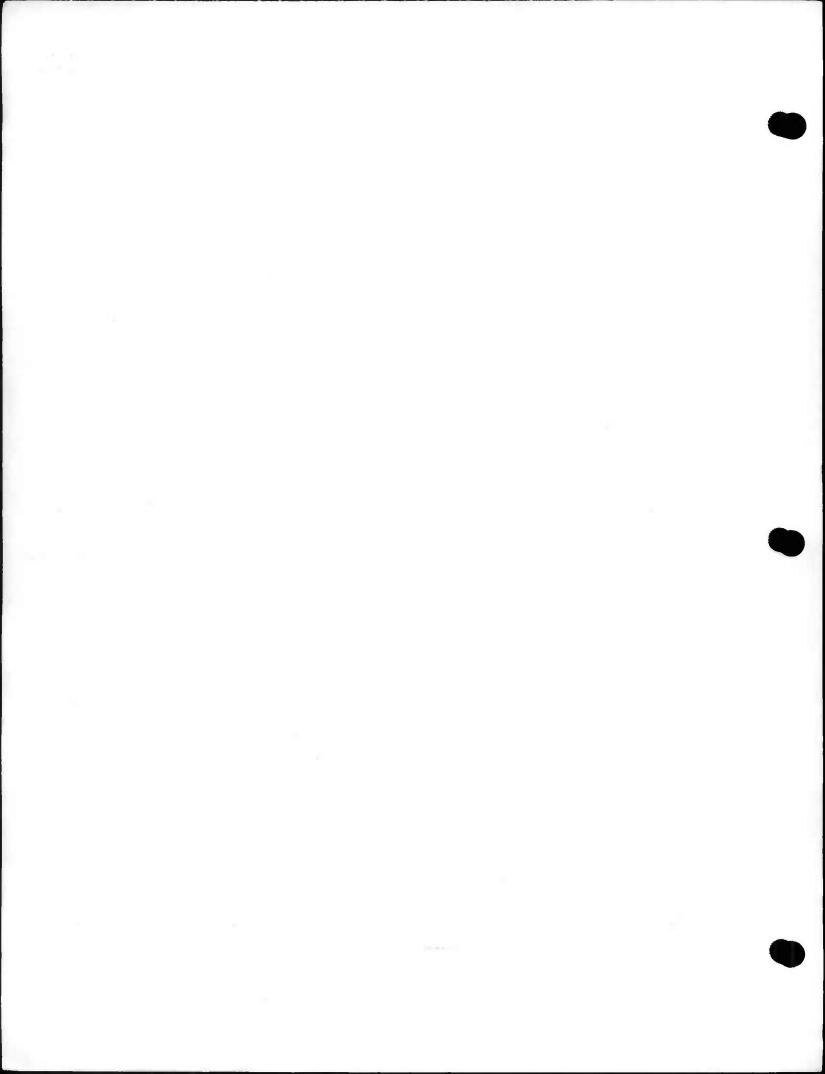
BALTIMORE, MARYLAND 21203-3146

fter	5	S	7
60	9	rem	dic
TO	U P	0	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical
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With	plet	Cren	en.
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王	픋	filer	2
2	2	2	Ξ

	1 - STATE REGISTRAR		C		ICATE OF	DEATH		G. NO.	•			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF O	EATH			. TIME OF OEA	тн
	William J. Phelp	S					July 2	24.	1990	YEAR	7:00	Δм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BI	RTH	1330		ACE (State or f	Foreign
	212-34-3521	1 X M 2 - F	87	YRS.	MONTHS DAYS	HOURS MIN.	Sept.		1002	Mary	land	
	9e. FACILITY NAME (If not institution, give s	(reet and number)			9h CITY TOWN	OR LOCATION OF DE		0,		NTY OF DEA		$\overline{}$
œ		noot and noncory										- 1
2	417 Shipley Rd.				Linthi	cum			An	ne Arı	unde I	$\overline{}$
EC	18a. STATE 18b. COUNTY	1		10c. CIT	Y, TOWN OR LOCA	ATION				1	Od. INSIDE CIT	γ
DIRECTOR	Maryland Anne	Arunde1		111	nthicum					1	YES 2 X	NO NO
	10e. STREET AND NUMBER	411401				of, ZIP CODE			10g. CIT	IZEN OF WH	AT COUNTRY?	
EB	417 Shipley Rd.					21090			ш	SΔ		- 1
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED		CENDENT OF HISPAN				14. RACE -	- American Ind	llen,
H	1 Never Merried 2 🖔 Merried	FORCES? 1	YES 2X	3 MO		pecify Cuban, Mexica S 2 X NO Specify		etc.)		Specify:	White, etc.	
B	3 Widowed 4 Divorced									1	White	
	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. I	DECEDENT'S	USUAL OCCUPAT	ION post of working	18b. KIND	OF BUS	INESS/INI	DUSTRY		
ш	Elementary/Secondery (0-12)	College (1-4 or 5	+)	fe. Do NOT u	work done during n se retired.)							- 1
COMPLETED	12		I	ce Mai	1		Se1	p-Er	olam	ved		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	, Malden :	Surname)			
BE	William Austin I	Phelps				Beula						
	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, Cit	ty or Town	n, State, Zij	Code)		
2	Billie E. Maxwe	<u> 11 </u>	1	417 SI	nipley F	Rd., Lint	hicum.	Mary	vland	1 2109	90	
	20a, METHOO OF OISPOSITION 1 🗡 Burlel 2 🗆 Cremetion 3 🗆 Rem	ovel from State	other	place)		emetery, cremetory or		20c. LO	CATION —	City or Town	n, State	
	4 Donation 5 Other (Specify)	Over Hom Oute	Frie	endsh	ip Cemet	ery		Hand	over	A.A.	MD	
	21. SIGNATURE OF FUNERAL SERVICE IN	PENSEE . C	1			AND ADDRESS OF FA						
	No tell	S	X		Kirk	ley Fune Crain Hw	ral Hom	ie e:	lon	Quanic	MD (21061
	23. PART i. Enter the diseeses, Dr	complications the	t caused the	death. DD							Approxir	
	shock, or heert failure.	List Dnly Dne Cst	Jse Dn eech li	ne.	1						Interval I	
	iMMEDIATE CAUSE (Finei diseese pr condition	hi M	tal	2 8	beeck	700					Ollact an	d Destil
- 4	resulting in deeth)	DUE TO	(OR AS A CONS	SEQUENCE O	f):	2 PS					-	
_		Mr.	00.	-17	SLC	1 Lan	word	S.			Ì	- 1
CERTIFICATION	Sequentielly list conditione,	b. DUE TO	(OR AS A CONS	EOUENCE O	F):						+	
Ă	if any, leeding to immediate ceuse. Enter UNDERLYING											- 1
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	EQUENCE O	F):							
7	resulting in deeth) LAST	d.										
	PART ii. Other eignificent condition		double host on		In the constant		Book / Last		AUTOPSY		VERE AUTOPSY	
¥.	PART II. Other eighticent condition		death but his	1	in the underlyi	ng ceuse given in	Part I. 248.	PERFOR		1	WAILABLE PRIO COMPLETION DE	R TO
ă	Jessey De		~				1	YES 2	X NO		OF DEATH?	CAUSE
Z										1	YES 2	NO
ÿ						· · · · · · · · · · · · · · · · · · ·						
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH (C)	heck only one)					
YS	1 TES 2 X NO	1 Inpatient 2		-	4 Nursing Ho	me 5 X Reeldence						
H	27. MANNER OF DEATH	28e. DATE Of (Month, L		28b. TIR	JURY V	JURY AT ORK?	28d. DEŞCRIB	E HOW II	NJURY OC	CURED		
BY	1 X Natural 5 Pending 2 Accident Investigation					YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE (building	OF INJURY — At etc. (Specify)	home, farm,	street, factory, of	Ice	261. LOCATION City or Tox			or Aurel Ro	ute Number,	- 1
H	4 Homicide determined											
2	290. CERTIFIER 1 X CERTIFYING PHYS	ICIAN: To the best o	f my knowledge,	death occur	red at the time, de	te end place, end due	s to the ceuse(s)	end mer	mer ea sta	ited.		
COMPLETED	one) 2 MEDICAL EXAMINI	ER: On the basis of r	examination end/	or investigati	on, in my opinion,	death occured at the	time, date end	plece, en	d due to t	he ceuse(e)	and manner ee	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	iR .				29c, LICENSE NU	MBER		29d. DA	TE SIGNED (Month, Day, Yea	r)
BE	Rules	con	de	5		Dix	70		▶ .1	ulv 2	5. 199	in I
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (I	TEM 27) (Typ	e, Print)					MIYZ	J. 133	
	Robert B. Kroopn	ick, M.D	. 8620	Libe	rtv Pla	za Mall	Randal	lsto	าพท	MD		
	Robert B. Kroopn 31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		. 0,7 1 10	-u nulls	Nunuu	1360	YYIII	IIV		$\neg \neg$
17		10. K.	1 70	.00								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 medias after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPIT	TO THE FUNER	be filed within	IMPORTANT:

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	Mary Margar	et Peters				MONTH 22	90	10:30 p m
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.1 M	BIRTHPLACE (State or Foreign
	214-30-3630		7 yrs.	MONTHS DATS	HOURS MIN.	6727733	M	ary land
NG.	90. FACILITY NAME (If not institution, give a 9 Wyndcrest A			96. CITY, TOWN	or location of D	EATH 2	Balt:	of DEATH IMOre
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT							
R			10c. CIT	y, town on Loc. Catons v	ille			10d. INSIDE CITY LIMITS?
	MD Ba	ltimore			of. ZIP CODE			1 YESX2X NO
RA	9 Wyndcrest A	Venue		'	21228		log. CITIZEN	USA
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS OF		NIC ORIGIN? (Specify Ye	9 Or No. 14	
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	X X NO	If yes, s		en, Puerto Rican, etc.)		RACE — American Indien, Black, White, atc. Specify:
	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BL		white
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of the Do NOT us	work done during n se retired.)	nost of working	-3- 0 2010		
APL.	unkno		regis	tered	nurse	medi	cal	
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider		
Ä	Joseph T. Crea	ghan			Stella	A. McGr	aw	
TO E	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
-	Donald J. Pet					alto. MD		
	20a, METHOD OF DISPOSITION XIXBurial 2 I Cremation 3 Ren 4 I Donation 5 Other (Specify)	noval from State	other piece) New C	athedr	emetery, cremetory or a l		cation – city ltimo1	ce, MD
	21. SIGNATURE OF PUNERAL SERVICE L	CENSE		22. NAME	AND ADDRESS OF F	ACUTY FUE	orol	Home, PA
	> Tities	Capter		736	Edmonds	son Ave F	erar	MD 21228
	23. PART I. Enter the disesses, or	complications that caused	the death. Do					
	shock, or heart fellure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. MLASTO OR AS A	1	n-smo	11 cel1	lune (-ance	Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	CONSEQUENCE O					
CA	ceuse. Enter UNDERLYING CAUSE (Disesse or injury	c		.,.				
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				i
Ä	Tooding in door, Exo	d						
	PART II. Other significant condition			in the underlyi	ng ceuse given in	Part I. 24s. WAS A		24b. WERE AUTOPSY FINDINGS
2	hyper coo	guluble:	Stut.			1 □ YES	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
AEC	//	0						1 TYES 2 NO
BY PHYSICIAN: MEDICAL								,
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	.,		PLACE OF DEATH (C	heck only one)		
YSI	1 YES 2 NO	1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER: 4 - Nursing Ho	me 5 Residence	6 Other (Specify)		
PH	27. MANNEY OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIR	AE OF 28c. II	NJURY AT YORK?	26d. DESCRIBE HOW	INJURY OCCUR	RED
BY	Natural 5 Pending 2 Accident Investigation				YES 2 NO			
COMPLETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, factory, of	lica	28f. LOCATION (Street City or Town, State	and Number of	Rural Route Number,
Z.	29a. CERTIFIER (Check only	SICIAN: To the best of my know	ledga, death occur	red at the time, da	te and place, and du	e to the cause(a) and m	nner as stated.	
WC	ann)	IER: On the basis of examination	n and/or investigati	on, in my opinion	death occured at th	e time, data and placa, a	nd due to the c	ause(a) and menner as stated.
S	29b. SIGNATURE AND TITLE OF CONTIN	m /			29c. LICENSE NU	JMBER	29d. DATE S	IGNJED (Month, Djøy, Ybar)
BE	mondo	enry.			1018	587	D 7	13/90
2	39 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	a, Print)	w ho	BATT	us	2028
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	1 197	in the	E WALL	, 11/0	zice)
	JUL 25 1990	Julia Davidson-Ro	ndelle					



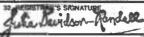
BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1	

FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART CERTIFIC			MENTAL HYGIEN REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last, MITCHELL ROLNIC		SCOTT R	ROLNICK		JULY 22	199	3. TIME OF DEATH 0 4:25 a.m/s M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign puntry)
219-76-5575 98. FACILITY NAME (If not institution, give	T - 2.		9h CITY TOWN	OR LOCATION OF D	JAN. 19,	1961 9c. COUNTY 0	MARYLAND
THE JOHNS HOPKIN				ORE CITY			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TV	100 0177	TOWN OR LOC	ATION			10d. INSIDE CITY
	NTGOMERY	1000	ETHESD				LIMITS?
10e. STREET AND NUMBER	TI COLIECT	1 2		Of, ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
10101 GROSVENOR	PLACE, APT. 60	7		20852	2	USA	A
11. MARITAL STATUS Y Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes,		NIC ORIGIN? (Specify Yer an, Puerto Rican, etc.) fy:	В	ACE — American Indian, Black, Whita, etc. SpecifyWHITE
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (I-4 or 5+)	Sa. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPA ork done during i retired.)	TION nost of worlding	16b. KIND OF BU	SINESS/INDUSTR	Y
THE PARTY AND ADDRESS OF THE ADDRESS	2	E	NGINEE			RADIO	
17. FATHER'S NAME (First, Middle, Last) JEROME M. ROLN	TCK			16. MOTHER'S N	AME (First, Middle, Maiden ETA S. EDE		
19a. INFORMANT'S NAME (Type/Print)	ICIT	19b. MAILING A	ADDRESS (Stree	t and Number or Rural	Route Number, City or Tow		9 44124
JEROME M. ROLNICI	X	2112	ACACIA	PARK DR.	, SUITE 12	LYNE	
20a. METHOD OF DISPOSITION	movel from State 0	LACE OF DISPOSIT	TION (Name of	cemetery, crematory or	20c. LO	CATION — City o	or Town, State
4 Donation 5 Other Specify)		VORKMEN		AND ADDRESS OF F	I CHITY	BALTIMO	DRE, MD
21. SIGNATURE OF QUELLE SERVICE	,	2			ON & BROS.	, INC.	
- (Phill)	menon	~			STOWN RD.		
23. PART I. Enter the diseases, or shock, or heart failure	. List only one cause on eac		ot enter the n	node of dying, suc	ch aa cardiec or resp	eratory arrest,	Approximate Interval Between
iMMEDIATE CAUSE (Final disease or condition	Het or	's Drie					Onset and Deeth
resulting in death)	DUE TO JOR AS A C	ONSEQUENCE OF)	:				- Jun
	Staply	Cocound	c 84	ni			3 days
Sequentially list conditions, if any, leading to immediate	DUE TO (OH AS A C	ONSEQUENCE OF)	:				3 81m
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO JOR AS A C	ONSEQUENCE OF	w.				1
resulting in death) LAST	(7)	maligner	of Ne	mel let	usin		3 days
PART II. Other significant condition		0				AITTOREY	24b. WERE AUTOPSY FINDINGS
THE COLOR OF THE COLOR	one contracting to accept our	not resolving in	. the disactly	ing couse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 D YES :	7500	OF DEATH?
					_		. L. 144 - L. 114
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only one)		
1 YES 2 NO	HOSPITAL:		OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	IRY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY -				281. LOCATION (Street		ural Route Number,
3 Suicide 6 Could not b	building, etc. (Specify)			City or Town, State)	
one)	SICIAN: To the best of my knowled						use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	_			29c. LICENSE NO	MBER	29d. DATE SIG	NED (Month, Day, Year)
CG X	RESIDENT PO	HICKEN)			► JUL	Y 22,1990
30. NAME AND ADDRESS OF ERSON V				100			
ANGUSTO TANDA	ATCO, M.D. SF	I N. WY	upe s	r. BALTU.	MO		



BALTIMORE, MARYLAND 21203

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICALE	UF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, La	st)		Radtk				2. OATE	of DEATH DA	٧	YEAR	3. TIME OF DEATH
Augusta 4. social security number	T arv	Α.									9:47AM
216 10 2018	5. SEX 1 ☐ M 2 ☑ F	8. AGE (In yrs	: last birthday) YRS.	MONTHS 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH n, Day, Year)		Country	
9a. FACILITY NAME (If not institution, gi	Λ	_/0		ah CITY 7	DAMAN O	R LOCATION OF DE	9/6	/13	9c COII	Mary NTY OF DE	<u>zland</u>
RESIDENCE OF DECEDENT				Do	11 []	more Cit	Ly		Bal	to. (City
10a. STATE 10b. COL	INTY		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
729 Colorado RESIDENCE OF DECEDENT 10a. STATE 10b. COL Maryland 10c. STREET AND NUMBER 729 Colo 11. MARITAL STATUS	Balto. Cit	v		Bal	tin	ore					1 X YES 2 NO
100. STREET AND NUMBER					101.	ZIP COOE			10g. CIT	IZEN OF W	HAT COUNTRY?
5 729 Colo	rado Avenu	ie				2123	10			U.S.	Α.
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.9	ABMED	13. W	AS OEC	ENGENT OF HISPAI	NIC ORIGIN	1? (Specify Yea	or No-	14. RACE Black	— American Indian, White, stc.
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE V					2 NO Specifi		mount, ato.)		Specif	
	l -	La					1000				мите
(Specify only highest g	rade completed)	777	(Give kind of life. Do NOT us	work done du			160	. KIND OF BUS	INESS/INI	DUSTRY	
15. OECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 7 th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5	+)	Owner	, , , , , ,				Retail	Sto	*0	
17. FATHER'S NAME (First, Middle, Last)			OWITEI			16. MOTHER'S NA	-			re	
Frederick Re					1			ne Elb			
19. INFORMANT'S NAME (Tona/Print)	TILL		195 MAILING	AODRESS /	(Stroot a	nd Number or Rural				n Code)	
Joyce R. Mc	Kiesick					ns Lane			1000		nd 21210
20a, METHOD OF DISPOSITION		20b. PL				netery, crematory or	Dar			City or Tox	
1 Duriel 2 Cremation 3 F 4 Oonation 5 Other (Specify)	lamoval from Stata	oth	ley Ch								Maryland
21. SIGNATURE OF JUNERAL SERVICE		1/	LCy OII	22. N.	AME AN	D ADDRESS OF FA	CILITY D.	1700	Uona	o Fran	neral Home
Kenn	Burge	Der	11)	36	31	Falls Ro	ad,	Baltim	ore,	Mary	land 21211
IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Hangi		NSEQUENCE O	F):						<u></u>	Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		NSEQUENCE O								
DART II ON Individual											
PART II. Other significent condi	tions contributing to	daath but n	ot resulting	In the uno	lariying	g ceuse given in	Part I.	24a. WAS AN PERFOR		246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PART II. Other significent condi							_	1 TYES 2	NO NO	- (OF DEATH?
								TNICDEX	AUT (V)	,	1 TYES XX NO
25. WAS CASE REFERRED TO MEDICA								INSPEC	TION	1	
EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C)					
27. MANNER OF GEATH	1 Inpatient 2		26b, Til		ng Hom 28c. INJ	e SA Healdence		F (Specify)	N HIDY OF	SCHBED	
25. WAS CASE REFERRED TO MEDICA EXAMINER? ACTIVES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	7-22-	90FOUN	D 9-1	5AM	WO 1	RK?		ject h			1.6
	on		At home, farm,					ATION (Street			
XXX Suicide 6 Could not 4 Homicide determine	be building	, etc. (Specify)	a none, term,	Home			729	or Town, State)	ado	Ave.	,Baltimore
(Oriotal trial)	HYSICIAN: To the bast of) and manner ea stated.
	IFIER					29c. LICENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
	N					OCME				7-	23-90
ANN M. DIXON,	MD	15	111 P	17-21	ree	t,Baltin	more,	MD 212	201		V
JUL 25 1990 g	wha wavedoon	AB'S SIGNATU	RE								

DrIMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

20

1 - STATE REGISTRAR		RYLAND / I			E OF			LIVIA	REG. NO.	•		
1. DECEDENT'S NAME (First, Middle, Last)				OATT		DEATT	·	2. DATE	OF DEATH			3. TIME OF DEATH
, , , , , , , , , , , , , , , , , , , ,	RAI	E ROCKM	1AN				- 1	MONTI			/EAR	3 AM M
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDER 24	HRS.	7. DATE	OF BIRTH		. BIRTHP	LACE (State or Foreign
216-01-2668	1 🗆 M 2 🟋 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	n, Day, Year)		NE NE	W YORK
9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CIT	Y, TOWN OF	LOCATION	OF DEA	ATH		9c. COUNT	Y OF DE	ATH
3903 SEVEN M	ILE LANE,	APT. 1	LF		BAL	TIMO	RE					
RESIDENCE OF DECEDENT											_	
10a. STATE 10b. COUNTY			10c. CITY,	, TOWN	OR LOCATIO						- 1	10d. INSIDE CITY LIMITS?
MARYLAND						BALTI	MORE	<u> </u>				1 X YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITIZE		HAT COUNTRY?
3903 SEVEN MILE				1 40			1208				USA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES ZYN		13.	If yes, spec	cify Cuban,	Maxican	, Puerto	l? (Specify Yea Rican, etc.)	or No 14	Black,	- American Indian, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	1 TYES	2 X NO	Specify:				Specify	WHITE
15, DECEDENT'S EDUCA	TION	16a. DEC	EDENT'S L	USUAL C	OCCUPATIO	N		16b	. KIND OF BUS	INESS/INDU	STRY	
(Specify only highest grade of Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	life. I	ne kind of we Do NOT use	rork done a ratired.)	during mos	t of working			DED	ARTMEN	am c	TODE
12			BU	JYER	2				DEP	ARTMET	MT 2	TORE
17. FATHER'S NAME (First, Middle, Last)						16. MOTHE	R'S NAM	NE (First, i	Middle, Maiden	Surname)		
MEYER SACKS							E	LLA	SHAPI	RO		
19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRES	SS (Street an	d Number or	Rural R	oute Num	ber, City or Town	, State, Zip C	lode)	
N. STANLEY SACKS			2319	SU	IGARCO	INE RI	D	BAL'	TIMORE	, MD	21	209
20a. METHOD OF DISPOSITION XX Burial 2 Gremation 3 Ramon	val from Stata	20b. PLACE Co	OF DISPOSI	ITION (N	Varne of cem	etery, cremat	ory or		20c. LO	CATION CI	ty or Tow	vn, Stata
4 Donetion 9 Other (Specify)		PROGRE	ESSIV	E B	ENEF	T & S	SICK	RE	LIEF A	SSOC.	MD	ALLSTOWN,
21. SIGNATURE OF FUNERAL SERVICE LICE	SEE,			22	. NAME AN	DADDRESS	OF FAC	ALLIY	& BROS			
Hy west	tellera	الم										
					6010	REIS	TERS	WOTE	N RD.	BALTY	D M	D 21215
23 PART . Enter the disceses, of co	emplications that ca	used the dea							N RD.			Approximete
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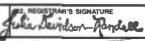
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE JUL 25 1990



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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OTHE OF INVITE	CERTIFIC	ATE OF	DEATH	REG. NO		
1. DECEOENT'S NAME (First, Middle, Last)	7				2. DATE OF DEATH	AN NEA	3. TIME OF DEATH
SELMI	A Ka	BBINS			WLY P	9,1990	930 AM
4, SOCIAL SECURITY NUMBER	5. SEX 8. AGE ((In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	RTHPLACE (State or Foreign untry)
217-05-2731	1 - M 2 X F 7		NTHS DAYS	HOURS MIN.	JULY 25,		MARYLAND
9e. FACILITY NAME (If not institution, give str	reet and number)	9b		R LOCATION OF DE		9c. COUNTY OF	
7211 PARK HEIGHT	IS AVE., APT	. 104	B	ALTIMORE			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		lia arev =					
MARYLAND		10e. C114, 10	OWN OR LOCATI	IMORE			10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER							1 XYES 2 NO
			101.	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
7211 PARK HEIGH				21215		US	
11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO			IC ORIGIN? (Specify Ye n, Puerto Rican, etc.)	e or No— 14. R/	ACE — American Indian, lack, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES ^C	1 YES	2 X NO Specify	:	Sp	pecify: WHITE
15. DECEDENT'S EDUC	ATION	16e, DECEDENT'S USU	IAL OCCUPATIO	N	165 KIND OF BU	SINESS/INDUSTRY	v
(Specify only highest grade (Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use re	done durina mos		1031 11110 01 00		,
1 2	College (1-4 or 5+)	HOUSE	WIFE			AT HOME	i I
17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
ELI TALLES					OLLIE SCHO		
19s. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	ORESS (Street as	nd Number or Pure! F	loute Number, City or Tov	rn. State. Zin Corle)	
IRVING ROBBINS					APT. 104	BALTO.	
2007 METNOD OF DISPOSITION	201	D. PLACE OF DISPOSITION	ON (Name of cerr	etery cremetory or	20c. LC	CATION — City or	Town, State
20er METNOD OF OISPOSITION 1 D Burlel 2 Cremetion 3 Remo 4 Donation Donation	val from State	other place)		,			
21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEE 0/	BETH TEIL		D ADDRESS OF FA	L BA	TTTMORE	, MD
1. O. o. A. A.	tillyan		S	OL LEVIN	SON & BROS	S., INC.	
Mysewy	000		6010	REISTER	STOWN RD.	BALTO	MD 21215
23. PART I Enter the diseases, or c	omplications that cause list only one cause on a	d the death. Do not	enter the mo	de of dying, auci	n ee cerdiec or reep	iretory arrest,	Approximete Interval Between
IMMEDIATE CAUSE (Finel							Onset and Death
disease or condition recuiting in death)	DUE TO (OR AS	CANCE	R				
	DUE TO (OR AS	CONSEQUENCE OF):					
Serventially list conditions		AL EFF	USION				
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS /	A CONSEQUENCE OF):					
CAUSE (Disease or Injury	h						
that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):					
reading in death, EAST	l						
PART II. Other significant conditions	e contributing to death t	out not resulting in t	the underlying	ceuse given in	Part I. 24a, WAS A		24b. WERE AUTOPSY FINDINGS
LARYNGE	FAL CANO	CER			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						2 Jay No	OF DEATH?
		*		<u>-</u>	_		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28 BI	ACE OF DEATN (Ch	ack only one;		
EXAMINER?	HOSPITAL:		THER:	11			
27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME O			6 Other (Specify) 28d. DESCRIBE NOW	IN ILION OCCUBER	
1 Natural 5 Pending	(Month, Day, Year)	90 INJUR	Y WO	RK?	and, Degonine Non	moont occone	
2 Accident Investigation		Y — At home, ferm, stre-			26f. LOCATION (Street	and Number or Dr.	and Charde Mumber
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	cify)	et, nactory, orner		City or Town, State)	rar House Number,
29e. CERTIFIER							
(Check only	CIAN: To the best of my know						
	R: On the basie of axamination	on and/or investigation, i	in my opinion, d	eath occured at the	time, data end place, e	nd due to the cau	se(e) end manner as stated.
29b, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		29d. DATE SIGN	NED (Month, Day, Year)
Just Ca	~ ~~			D239	164	7	-14-98
30. NAME AND ADDRESS OF PERSON WHO			int)	6 -	. CI	4 0	11
1 Vette	y valer		20L	oreen	spring Sta	atton, D	alto Md
31. DATE FILED (Month, Day, Year)	32. DEGISTRAR'S SIGN	NATURE			0	7	71,143

DNMN-16 Rev 1/89

JR.,MD

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ins after death. Page 6 may be retained by the hospital or attending physics by the funeral director, page 5 should be detached for use as the hear nce. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremat IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury. or other traumante events

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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DIRECTOR, Alle this certificate has been agreed by the attending priyated and completely mad in by the latter of the price		tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		ENTAL HYGIENI REG. NO.	E 			
1	1. DECEOENT'S NAME (First, Middle, Leet) Ran	ney	Rick	s	1	2. DATE OF DEATH 04 10 10 10 10 10 10 10 10 10 10 10 10 10	Y YE	3. TIME OF DEATH 3:45AM M		
	The state of the s	8. SEX 8. AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/26/3	0	NRTHPLACE (State or Foreign country) IRGINIA		
<u>_</u>	9a. FACILITY NAME (If not institution, give stree 5107 Pimlico Road	,	CE)		LET LOCATION OF DEAT	ГН	OF DEATH			
ECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			TOWN OR LOCAT	ON			10d, INSIDE CITY		
DIRE	MARYLAND			LTIMOR				LIMITS? 1 X YES 2 NO		
RAL	100. STREET AND NUMBER 5107 PIMLICO RO	מאר		101.	21215		-	OF WHAT COUNTRY?		
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNT 10g. CITIZEN OF WHAT COUNT 10g. CITIZEN OF WHAT COUNT 11m ARRITAL STATUS 11m ARRITAL STATUS 11m Never Merried 2 merried 12m Was DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or Nomination) 14m ARCE — American 15m Yes, specify Cuben, Mexicen, Puerlo Rican, etc. 15m Never Merried 2 merried 15										
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify:			Specify: BLACK		
PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondery (0-12)		16a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during mos	N It of working	16b. KIND OF BUS	SINESS/INDUST	RY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) RAMEY RICKS, S	SR.			16. MOTHER'S NAME NETTIE	E (First, Middle, Meiden KING	Surname)			
0	19a, INFORMANT'S NAME (Type/Print) ROBERT RICKS					BROOKL				
	20a METHOD OF DISPOSITION 1 N Burlai 2 Cremetion 3 Remove	al from State	PLACE OF DISPOSI	TION (Name of cen	netery, crematory or	20c. LO	CATION — City	or Town, State		
	4 Donation Other (Specify)		ST BAPT	22. NAME AN	CH CEMET	LITY	VERLY			
	Deray). Den	211	4600	LIBERTY	HEIGHT	S AVE			
	23. PART Lenter the diseases, or cor shock, or heart IMMEDIATE CAUSE (Fine disease or condition	mplications that caused at only one cause on ea	ch line.		de of dying, such	ae cerdiec or reapl	retory arreat,	Approximate interval Between Onset and Death		
	resulting in death) a.		CONSEQUENCE OF							
LION	Sequentielly list conditione, if eny, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
CEH	d									
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to death bu	ut not resulting i	n the underlying	g ceuse given in P	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N W						-		XXX YES 2 □ NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Chec					
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI	JRY WO	URY AT	26d. OESCRIBE HOW I	NJURY OCCUR	ED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Special Control of the Contro	— At home, farm, a	'	/ES 2 NO	26f. LOCATION (Street City or Town, State)		Rural Route Number,		
COMPLETED	Designation many	AN: To the best of my knowle						ouse(e) end menner ee stated.		
BE CO	296 SIGNATURE AND TITLE OF GERTIFIER	400	MM	, a my opinion, u	29c. LICENSE NUME			GNED (Month, Day, Year) 7-20-90		

111 Penn Street, Baltimore, MD 21201

ELITA Y

BALTIMORE, MARYLAND 21203-3146	CIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending providing	entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral mast permitted of the state of Health and Marrial Harriste and not to build remaining or semonal	The case of the result and received in space provide according to several part and the smallfast of same.
13146,	recuted within	and completely	offe avent
BOX	ificate be e	physician	har france
o.	th cert	tending M Hyris	86.00
VITAL RECORDS, P.O. BOX 13146,	es that the dea	igned by the at	on any injury
REC	w requir	been si	ahom
VITAL	CIAN: The lan	ortificate has	or item 22

												90	1	20	165
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /				EALTH DEAT		MENT	AL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)	Daisy	v.	f.	REE	D			2. DAT Jumpy	y 22, 1	990	YEAR	3. TIME 4:2	OF DEA	M.
	4. SOCIAL SECURITY NUMBER 220-14-9075	5. SEX 1	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-18-1909		09	8. BIRTHP Country) WES			Foreign [NIA
OR	9a. FACILITY NAME (If not institution, give at FRANKLIN SQUARE H				9b. CIT		OSSV		ATH		Baltimore County				
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN	OR LOCAT						T		SIDE CIT	Υ
0	MARYLAND BALTIMORE DUNDALK 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													ES 2	X NO
RA	18 SEABRIGHT 21222 U.S.														
BY FUNE	11, MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N		MED 40	13.	WAS DEC	ENDENT Cooling Cube	F HISPAN	VIC ORIG	GIN? (Specify Yea o Rican, etc.)	or No—	14. RACE -	— Amer White,	rican Ind	
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S	work done	during mo	ON st of world	ng	10	6b. KIND OF BUS	SINESS/IND	USTRY			
COMPLETED	Elamentary/Secondary (0-12) 8TH GRADE	College (1-4 or 5	+) #fe.	о мот и НОМі	ee retired.) E MAI						НОМ	Œ			
NO	17. FATHER'S NAME (First, Middle, Last)					TO A	18. MOT	HER'S NA	ME (First	t, Middle, Malden					
BE (HARRISON TAYLOR MINNA HESSE														
5	19a. INFORMANT'S NAME (Type/Print) CALVIN MAYNARD									BALTIM			I AN'	D :	21222
	28a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rame	oval from State	20b. PLACE	OF DISPO	SITION (N	ame of cer	netery crer	nalory or		20c LO	CATION I	City or Tow	m. State		
	4 Donation 5 Other (Specify)		_ GARD	ENS (OF F	AITH	CEM.	7-	25-9	90 BA	LTIMO	RE,	MAR	y LAI	VD
	3/14				7	DÛDÂ: 922 (-RUCI WISE	AVE.	NER/ NUE	ALHOME (DUNDAL	OF DU K, MD	INDAL.	K, 212		•
	23. PART I. Entar the diseases, or c shock, or hasrt failura. IMMEDIATE CAUSE (Final disease or condition		use on aach iina	1.			de of dy	ing, suc	h as c	ardiac or respi	ratory arr	est,	in		nsta Between nd Daath
z			(OR AS A CONSE			•							+		
CATIO	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO	(OR AS A CONSE	QUENCE C	PF):										
ERTIFICATION	that initiated events resulting in death) LAST	d.	(OR AS A CONSE	OUENCE O) F):										
DICAL C	PART II. Other significant condition Sepsis	s contributing to	death but not	resulting	in tha u	ndarlyin	g cause	given in	Part I.	24a. WAS AN PERFOR	IMEO?		AVAILAB	ETION DE	
PHYSICIAN: MEDICAL													1 <u>Y</u> E	ES 2 🗌	NO NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			ОТНЕ		LACE OF D	DEATH (C)	neck only	one)					
HYS	1 VES 2 NO	1. Inpatient 2	ER/Outpetient 3	26b, Til		R	IURY AT	asidence	_	ther (Specify) DESCRIBE HOW I	NJURY OC	CURED			
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month,	Day, Year)		JURY	WC	YES 2 [□ NO							
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At he , etc. (Specify)	ome, ferm,	street, fa	ctory, offic	•			OCATION (Street : lity or Town, State)		or Rural Ro	oute Nur	nber,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICAL EXAMINE	R: On the basis of											and mr	inner as	stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R 3	nos				29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month,	Day, 400	"
5	36. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Tvn	e Print)					-		1	1		·

21237

Bruce Kinzinger, MD 9000 Franklin Square Drive

31. DATE FILED (Month, Day, Your)

32. REGISTRAR'S SIGNATURE

JUL 2 5 1990

June Davidson—Rands

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

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hos	tache		100
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notiffed at once.
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F	F	ă	=

	1. DECEDENT'S NAME (First,	Middle, Last)									OF OEATH			3. TIME OF OEATH	
,	Frede	rick 1	Herman	Schmid	t					007	" 24	"	O YEAR	11:20 a m	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH	-	8. BIRTH	IPLACE (State or Foreign	
	272-56-469	95	1 🔀 M 2 🗌 F	35	YRS.	MONTHS	DAYS	HOURS	MIN.	11-	09=19	54	Bed	ford, Ohio	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)	Apt 11	01	9b. CIT	Y, TOWN	OR LOCATI	ON OF OE	EATH		9c. COL	NTY OF D		
RO	1101 St. I	Paul	Street	2120	2	В	alt	imor	e					_	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		100 017	Y, TOWN	001004	HOLT						10d, INSIDE CITY	
E 4	Maryland	IOD. COOKI I			IOC. CIT			imor						LIMITS?	
	10a. STREET AND NUMBER]	מ		H. ZIP COD				10a CIT	1 X YES 2 NO		
Toe. STREET AND NUMBER 100. STREET AND NUMBER 1101 St. Paul Street, Apt. 1101 212 11. MARITAL STATUS 11. MARITAL STATUS 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. Was opecify Cute If yes, specify Cute												100	JSA		
2	11. MARITAL STATUS	aur				_	WAS DE			VIC ORIGI	N? (Specify Yes		14. RAC	E — American Indian,	
H	1 X Never Married 2		12. WAS DECEDED FORCES?	YES 2 X	NO		If yes, s		ın, Maxica	n, Puerto	Rican, atc.)		Blac	k, White, atc.	
BY	3 Widowed 4 Divo	rced						24						ÚSA	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY															
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	e. Do NOT u				17						
MP	12th				Truc	k D	riv	_			Flo		5		
8	17. FATHER'S NAME (First, M		0 - 1 2 - 3	1.						18.	Middle, Maiden				
H	William Co		Schmid		Db. 84 A II 184	ADDDES	.e. /Da				ee Da			01.000	
임	Ray J. Uel		+ h	1			4.4.4				t. 11			21202	
								aux emetery, cres		AD				to. MD	
	20a, METHOD OF DISPOSIT 1 ☐ Burlal 2 🛣 Crematic 4 ☐ Donation 5 ☐ Other		oval from State	other r	olean)			ry,							
	21. SIGNATURE OF TUNEDA		ENSEE /	NI.		22	. NAME A	ND ADDRE	SS OF FA	CILITY					
	Sery	To Mr.	- N - 1-1-	u											
	George 23. PART I. Enter the d		acNabb	at caused the d	leeth Do						Road,			, MD 21228	
	ahock, or h	eart failure.	Liat only ona ca			not onta	n trig in	oue Di uy	nig, auc	41 03 VOI	ulac of Teap	matory o	ireat,	intarvai Between	
	disease or condition Diarehoa / 12/18time Dua de ALOS										Onset and Death				
	resulting in death)	7	DUE TO	OR AS A CONS	EQUENCE OF:					7 11			(omo).		
_			Do	's W mu	inate	d	Ka	ONCI	<u> </u>	are	oura			1/2405	
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme		OUE TO	(OR AS A CONS	EOUENCE C	OF):	,	1001			7.0			21/	
S	cause. Entar UNDERLY CAUSE (Disease or inju	ING	a A11	15										2/245	
	that initiated events resulting in death) LAS		' 'DUE TO	OR AS A CONS	EOUENCE C	OF):									
Ä	Teaditing in dadiny EAS		d												
L	PART II. Other aignifica	nt condition	na contributing to	death but not	resuiting	in tha u	ınderiyi	ng cause	given in	Part i.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS	
2											PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
				7307										1 YES 2 NO	
M	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL				,		PLACE OF	DEATH (Ch	heck only o	one)				
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		me 5 💢 R	iasidenca	S 🗆 Oth	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)	29b. TII	ME OF		JURY AT		2Sd, Di	SCRIBE HOW	INJURY O	CCURED		
ВУ	1 X Natural 5 2 Accident	Pending Investigation				М			□ NO						
ED	3 Sulcide S S	nome, farm,	atreet, fe	ctory, off	lca		2af. LO Cit	CATION (Street y or Town, State	and Numb)	er or Rural	Route Number,				
E	4 Homicide determined														
F	29s. CERTIFIER Control of the cause (a) and manner as stated.														
COMPLET	2 MEC	ICAL EXAMINE	ER: On the besis of	examination and/o	r investigat	lon, In my	opinion,	death occu	ared at the	time, de	te and place, a	nd due to	the cause	(e) and manner as stated.	
BE															
TO B	an	nue	M	week	= N	11		$ \mathcal{L} $	284	وك	>		110	4/70	
	30. NAME AND ADDRESS O						.l		~ .					D 04 54 5	
	Samuel T.	Wes	A 32 REGISTE	AR'S SIGNATURE		U_S	Շ• .	raul	St	ree	t. Ва.	Lto.	M	D 21218	
	31. DATE FILED (Month, Day, JUL 251	990	Julia David	son-Ande	ML.	•									

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Item

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is marked,

IMPORTANT: If

THE FUNERAL DIRECTOR; After the filed within 72 hours after death

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BY

COMPLETED Item 28

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mit. Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 1145 AM lice 0 22 6. AGE (In yrs. A SOCIAL SECURITY NUMBER S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Month, Day, Yea DAYS HOURS MIN 00 1 🗆 M 2 🗡 F -18-6980 906 14 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH to DIRECTOR RESIDENCE OF 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY 10e. STATE Balto 1 XYES 2 NO 10e, STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? FUNERAL Sudbrook 00 21208 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, While, stc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merrie Black BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 185 KIND OF BUSINESS/INCUSTED (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) eantress COMPL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Brown Ice INFORMANT'S NAME (Type/Prin 19b. MAILING ADDRESS (Street vn, State, Zip Code) 0 B palto, 21208 annon METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Na LOCATION - Cify or Tr 2 Cre ation 3 🗆 R atonsville evy 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 0 Approximata 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or reapiratory errest, shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) Preumonia 4 61 blead OUE TO JOB AS A CONSEQUENCE OF PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO OF DEATH? 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 WES 2 NO ng Home 5 - Residence 8 - Other (Specify) 4 - Nursi

28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF 28d. OEŞCRIBE HOW INJURY OCCURED 1 X Neturel 5 Pending Investigation 1 YES 2 NO Accident 2 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner so stated.

38485

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
		1 10

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

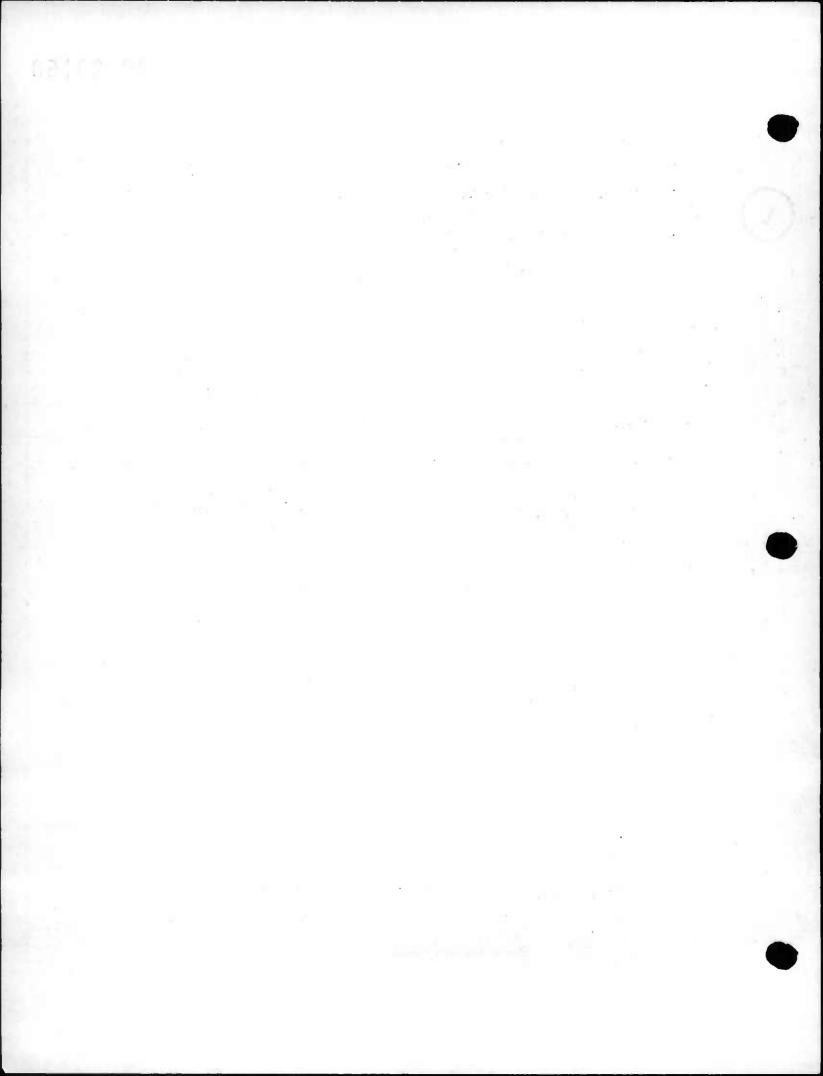
Medic enter Choony Kim. mo 3. REGISTHAR'S SIGNATOR AND LOCAL

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DHMH-16 Rev 1/89

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1 - STATE REGISTRAR		STATE OF MAR	YLAND / DI CER	PARTMEN	T OF H	EALTH AND I	MENTAL	REG. NO.	E			
1. DECEDENT'S NAME (First,	n So	BEL					2. DATE MONTH	OF DEATH DA	0	EAR 3.	TIME OF DEATN	
4. SOCIAL SECURITY NUMBER 220-24-6480	1	(M 2 □ F	GE (In yrs. les) bir	YRS. WONTHS	DAYS	IF UHDER 24 HRS. HOURS MIN.	(Month	of BIRTN 1, Day, Year) /30/06	/	°MAR	YLAND	
90. FACILITY NAME (If not ins BALTIMORE C	OUNTY G	end number) EN. HOSPI	TAL	9b. CIT		R LOCATION OF DE				OF DEAT		
RESIDENCE OF DEC	10b. COUNTY	IMORE	10	DC. CITY, TOWN	OR LOCAT					d. INSIDE CITY LIMITS? YES 2 NO		
10e. STREET AND NUMBER 3 STOCKMILL 11. MARITAL STATUS 1 Never Married 2 X	RD., A	PT. 3-C			101	ZIP CODE 212	08			OF WHA	T COUNTRY?	
3 Widowed 4 Divor	Warried	WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	13.	If yes, sp	ENDENT OF NISPAN ocity Cuban, Mexica 2 NO Specifi	n, Puerto F		RACE — Black, W Specify:	American Indian, /hita, etc. WHITE		
	DENT'S EDUCATI highest grade corn 12) C		(Give i	DENT'S USUAL Country of work done NOT use retired.) OWNER	during mo		16b.	VICE S		ON		
17. FATNER'S NAME (First, Mi PHILIP SOBE	17. FATNER'S NAME (First, Middle, Lest) PHILIP SOBEL 18. MOTNER'S NAME (First, Middle, Meiden Surneme) SARAH UNKNOWN											
I ISA' HAL OUMVIAL O HAWE IN	19e. INFORMANT'S NAME (Type/Print) MRS. PEARL SOBEL 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3 STOCKMILL RD., APT. C BALTO., MD 2120											
20b. PLACE OF DISPOSITION 1 © Burlel 2 Cremetton 3 Removel from State 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or other place) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or other place) 20c. LOCATION — City or Town, 20c. LOCATIO										, MD		
immediate cause (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or Injust that initiated events	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury)											
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	nt conditions c	ontributing to dea	g cause given in	Part i.	24a, WAS AN PERFOR 1 YES 2	RMED?	AV CC Of	ERE AUTOPSY FINDINGS MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 MO				
25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:				ACE OF DEATH (Ch	eck only or	10)				
1 TES 2 NO		Inpatient 2 - ER			rsing Hom	e 5 🗆 Residence						
	Pending nvestigation	28a. DATE OF INJU	ear)	8b. TIME OF INJURY M	1 🗆	RK? /ES 2 NO	28d. DES	SCRIBE NOW I	NJURY OCCUP	ED		
	Could not be letermined	28e, PLACE OF IN. building, etc.	IURY — At home, (Specify)	ctory, offic	28t. LOC City	ATION (Street or Town, State)	and Number or	Rural Rout	te Number,			
one)		n the basis of examin								muse(s) or	nd menner as stated.	
29b. 8IGNATURE AND TITLE Suk Ou 30. NAME AND ADDRESS OF	ems.	House o	eph F DEATH (ITEM 2	J Su 1 (Typo, Prigi)	_	29c. LICENSE NU D3 6 4		0	29d. DATE S	ZZ/	190 D 21133	
Si'a Kiem Ce 31. DATE FILEO (Month, Dey, JUL 25	1990	Baffican 32. BEGISTRAN'S Sulia Dev	e Corni	to Cras	real	Hospit	A ()	Kandi	elletun	M	2 21133	



FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		Ų.	Chill	CALE	OF	DEAL		H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES			SCHEELER TR						EATH DAY		YEAR	3. TIME OF DEATH
		HENRY				, JF	*	\rightarrow		20	9	0	6 A M
	4. SOCIAL SECURITY NUMBER 219-10-5959	5. SEX	6. AGE (In yrs. In:	st birthday) YRS.	MONTHS 1	YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF B. (Month, Day			Country)	LACE (State or Foreign
i	9a. FACILITY NAME (If not institution, give st	reet and number)	02		9b. CITY. T	CITY, TOWN OR LOCATION OF DE				.)- 07	9c COUN	TY OF DEA	
œ	Greenfield Farm												
6	RESIDENCE OF DECEDENT					ec1	lton				Çe	ecil	
<u> </u>	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION					1	Od. INSIDE CITY
DIRECTOR	Maryland Cec	il				Cec	ilto	n			LIMITS? 1 TYES 2 PANO		
FUNERAL	Greenfield					101	ZIP COO	2191	3	10g. CITIZEN OF WHAT USA			AT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED					C ORIGIN? (Sp		or No-	14. RACE -	- American Indian,
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 MY Specify: Specify:											white, atc. White	
COMPLETED	15. DECEDENT'S EDUC		16a. Di	ECEDENT'S	USUAL OCC	CUPATIO	N		16b, KIN	O OF BUSI	NESS/IND		
	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5	life	Bive kind of v b. Do NOT us	vork done du se retired.)	uring mo	st of workin	7 <i>0</i>					
7	and the state of t	comage (1-4 of 5	"	Fa	rmer					Celf.	- Filmon	Loyed	
S	17. FATHER'S NAME (First, Middle, Last)			1 0,		_	18. MOTE	HER'S NAM	IE (First, Middle			LO, y Cu	
	Charles Henry S	ah oo l om	Clan				10. MO11						
BE	19a. INFORMANT'S NAME (Type/Print)	cheerer,							garet	-	_		
2			19						oute Number, C			Code)	
	Ethel Scheeler								lton,				.913
	20e. METHOD OF DISPOSITION 1 □ □ □ □ □ Cremetion 3 □ Reme	oval from State	20b. PLACE other p	(ace)	SITION (Nam							City or Town	
	4 Donation 5 Other (Specify)	111111111111111111111111111111111111111	_	Zion	Chur						ltimo	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		(/		22. N	AME A	ADDRES	SS OF FAC	ral Ho	ome			
	Jessehed J.	exercal	1) Hom	3					Rd. Ba		. Md	. 2:	1236
	23. PARTA. Enter the diseases, or o	omplications the	t caused the d	eath. Do r	not antar t	he mo	de of dy	ing, such	ss cardiac	or reapin	atory erro	est,	Approximate
- 1	shock, or heart failure.	List only one cau	ise on each lin	e.				0		0			interval Batween Onset end Death
	iMMEDIATE CAUSE (Fine) disease or condition	m/ 1.	11		*			12	mhi	// m.	Vina	,	2
- 1	resulting in deeth)	DUE TO	OR AS A CONSE	OHENCE O		ALL A	<u> </u>	- Lu	MIC	(100	· ·		Zum
			(OI AS A CONSE	OULINGE O	" -	1				9			14ear
CERTIFICATION	Sequentielly list conditions,	DUE TO	(OR AS A CONSE	OUENCE O	ec.	w	n						
F	if any, lesding to immadiate cause. Enter UNDERLYING		(Z) 100		,								1
윤	CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):				·				+
E	resulting in daeth) LAST												
ij		d											+
	PART II. Other significant condition	s contributing to	death but not	resulting	in the und	derlyin	g cauea g	given in F	art i. 24a	. WAS AN			WERE AUTOPSY FINDINGS
EDICAL									4.5	PERFORI	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ '	YES 2	NO		OF DEATH?
									-			'	T YES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL												
ᅙ	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)				
YS	1 ☐ YES 2 ♣ NO	1 Inpatient 2						esidence (Other (Sp				
PHYSICIAN: M	27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF (Month, I		28b. TIM	IE OF A	WC	URY AT	7	28d. DESCRIE	BE HOW IN	JURY OCC	CURED	
BY	2 Accident Investigation						YES 2	NO					
0	3 Suicide 8 Could not be 4 Homicide determined	building	OF INJURY — At h atc. (Specify)	ome, term,	street, factor	ry, offic	•	1	281. LOCATIO City or To	wn, State)	nd Number	or Hurai Ho	ute Number,
COMPLETED													
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occurr	ed at the tin	ne, dete	end place	, end due	to the cause(e) end meni	ner as state	ed.	
2	one) 2 MEOICAL EXAMINE	R: On the basic of e	xamination end/or	Investigation	on, in my op	olnion, d	leath occu	red at the t	lme, date end	place, end	due to th	e cause(e)	and menner as stated.
	296. SIGNATURE AND TITLE OF DERTIFIE	7	7/1 5	1			29c. LIC	ENSE NUM	BER		29d. DATE	E SIGNED./	Month, Day, Year)
BE	D/22 22												
2	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH AT	FM 277 (3cc	Drint1		1	- 0	/ -			116	11/0
	Dr. Louis Seme	noff 210	8 Orems	Rd.	Balt	time	ore,	Mary	land	686-	5237)	
	31. OATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		_								
		una Davidse		2									
- 1		The same of statement											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

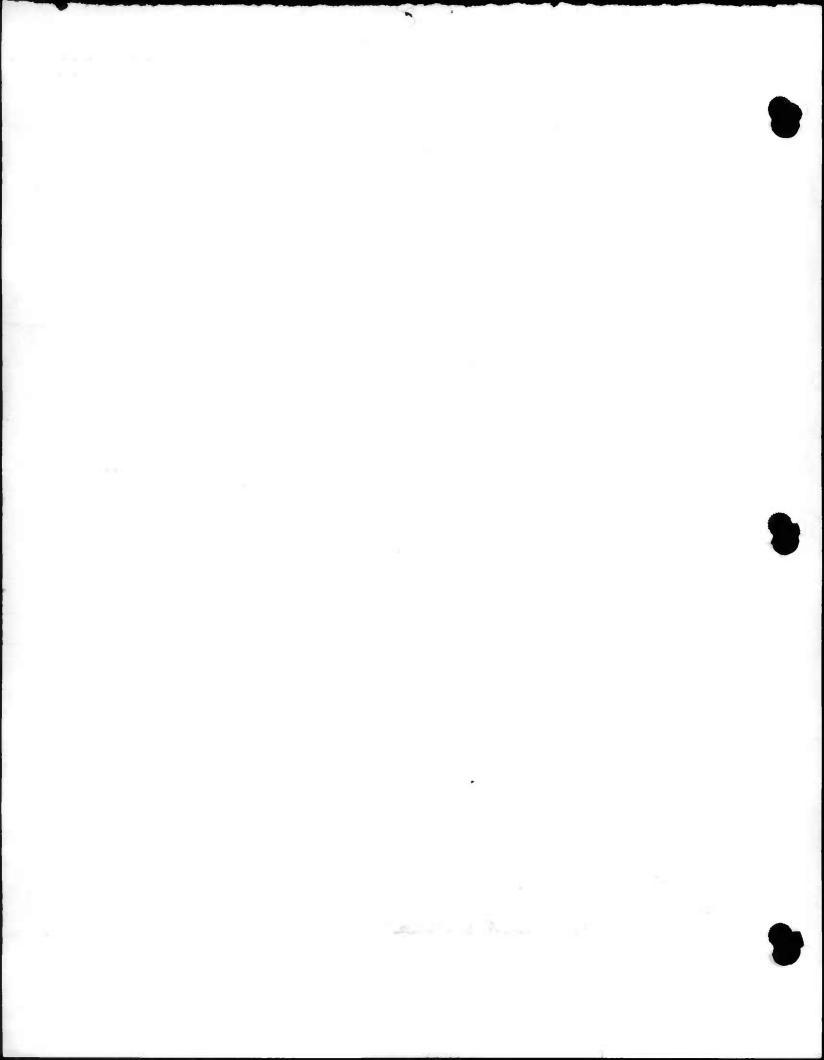
Meller Cariners - Super Carley Contract of the be detached for use as the burial-transit permit, Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed and a second and a second and a second or retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to bring representation or personal director, page 5 should be detached.	De med within 12 hours also been will the base been, or recent and monta regions bounded, command, or convers. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1	FOR STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH TE OF DEAT		L HYGIEN	9	0 20	170
		SEX 8. AGE (in yrs. is	ist birthday) if U	NDER 1 YEAR IF UNDER	24 HRS. 7. DATE	OF DEATH OA BIRTH (h, Day, Year)	199	3. TIME OF S	30 M
DIRECTOR	9a. FACILITY NAME (If not institution, give street PESIDENCE OF DECEDENT 10a. STATE Md P	en. 401	9b.	CITY, TOWN OR LOCATION WIN OR LOCATION Ltsville		28/14	ec. COUNTY	Texas of DEATH 10d. INSIDE LIMITS 120 YES	
FUNCHAL	10e. STREET AND NUMBER 6111 Queens Chap 11. MARITAL STATUS 1 Never Married 2 Married	e1 Rd WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 25/E IF YES, QIVE WAR OR DATES	RMED NO	10f. ZIP CODE 2(13. WAS DECENDENT O If yes, specify Cubai 1 YES 2 P NO	0782 F HISPANIC ORIGI n, Mexican, Puerto		or No.— 14.	OF WHAT COUNTY SA RACE — American Black, White, etc.	Indian,
COMPLETED BY	10101	ON 16a. 0 (p)teted) (fi	ECEDENT'S USU Give kind of work of the Do NOT use reti	AL OCCUPATION lone during most of working and solutions are solutions.	16	b. KIND OF BUS	SINESS/INDUST	Specify: Black	
IO BE C	James Washington 19a. INFORMANT'S NAME (Type/Print) Fr. Betty J MacRa	11	9017°Wa	Nea RESS (Street and Number alkerton, D	aly Davi or Rural Route Num rive, Łất	.s nber, City or Town .ham •	n, State, Zip Cod Md 207	06	
		from Stata other Ft]	Lincoln	22. NAME AND ADDRES 3015 12th	ss of facility J	Bren Ohn T DC 20	twood, Rhines 017	Co., In	ıc
	23. PART I. Énter the diseases, or com/ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only ona ceuse on each life		hyac		, ,	D (Interv	eximata al Between and Deeth
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS							
. 11	PART II. Other algnificent conditions of	ontributing to death but not	raculting in th	e undarlying cause (given in Part I.	24s. WAS AN PERFOR 1 YES 2	RMED?	24b. WERE AUTON AMAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO
PHTSICIAN: MEDICA	YES 2 NO 1	OSPITAL: inpatient 2 ER/Outpetient 28s. DATE OF INJURY (Month, Day, Year)	DOA OT 4 DOA 4 DOA INJURY	28. PLACE OF D HER: Nursing Home 5 GRe 28c. INJURY AT WORK?			NJURY OCCUR	ED	
5	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be datermined	28a. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, street	M 1 YES 2	28f. LO	CATION (Street of your Town, State)		Rural Route Number,	
O BE COMPLETED	anal and	N: To the best of my knowledge, on the basis of examination and/o	r Investigation, in	my opinion, death occur			nd dua to the c	ause(a) and menne IGNED (Month, Day,	

09 30, MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILES (Month, Day, Year) 2. 5 1990	32 PREGISTRAP'S SIGNATURE



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San Carrie		r mu
June an	s after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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MEDICAL CERTIFICATION

PHYSICIAN:

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COMPLETED

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32. REGISTRAR'S SIGNATURE

IMPORTANT: If

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DIRECTOR

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH MONTH O "A OA! 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Month, Day, Year) 1 - M 2 X F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WEATON RESIDENCE OF 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md 1 X YES 2 NO 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2/5 S.A anier 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secily only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname))a Merson Jamerson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street raelia 20a. METHOD OF DISPOSITION

1 Souriel 2 Cremation 3 C

4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (N 20c_LOCATION - City or Town, Stata 21, SIGNATURE OF FUNDIAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY 300 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betwee shock, or haert fallure. List only one cause on sech line iMMEDIATE CAUSE (Finel disease or condition resulting in death) Onset and Death eas old Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST 24b. WERE AUTOPSY FINDINGS
AMAILABLE PRIOR TO
COMPLETION OF CAUSE
OF DEATH?

1 YES 2 NO PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 | MO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 6 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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may be retained by the hospital or atten-	r, page 5 should be detached for use as	st be notified at once.
nours after death. Page 6	lled in by the funeral direct 1, or removal.	e medical examiner m
tificate be executed within za	g physician and completely fill lene prior to burial, cremation	ther traumatic event, the
aw requires that the death cer	s been signed by the attendin ept. of Health and Mental Hyg	3 shows any injury, or o
HE HOSPITAL OR ATTENDING PHYSICIAN: The	HE FUNERAL DIRECTOR: After this certificate his led within 72 hours after death with the State D	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer mours after death. Page 6 may be retained by the hospital or attending.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 1-11-1990 7:05 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Vega) 1 M 2 F F YRS. MONTHS DAYS HOURS MIN. 02-14-34 VIRGINITY
œ	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
CTOR	PRESIDENCE OF DECEDENT
a	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. CITY TOWN OR LOCATION 106. CITY TOWN OR LOCATION 107. CITY TOWN OR LOCATION 108. STATE 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION 109. CITY TOWN OR LOCATION
1	10e. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 3326 GWYNNS FAUS DKWN 2/2/6 USA
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED IS ARMED IN MERCHANIC ORIGIN? (Specify Yea or No- If Yes, appecify Cuben, Mexicen, Puerto Ricen, etc.) 1 Never Merried 2 Merried 3 No Specify: 1 Yes 2 NO Specify: 1 Yes 2 NO Specify: 2 NO Specify: 2 NO Specify: 2 NO Specify: 2 NO Specify: 2 NO Specify: 2 NO Specify: 2 NO Specify: 3 NO Speci
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 16. KIND OF BUSINESS/INOUSTRY (if De NOT use retired.)
MP	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE C	WILLIAM THORNTON GEORGIA
TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Plural Poute Number, City or Town, Stete, Zip Code) 197. MAILING ADDRESS (Street end Number or Plural Poute Number, City or Town, Stete, Zip Code) 198. MAILING ADDRESS (Street end Number or Plural Poute Number, City or Town, Stete, Zip Code) 198. MAILING ADDRESS (Street end Number or Plural Poute Number, City or Town, Stete, Zip Code) 198. MAILING ADDRESS (Street end Number or Plural Poute Number, City or Town, Stete, Zip Code)
li	20a, METHOD OF DISPOSITION 1 Counter 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Town, State other place) Counter Specify Coun
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUTTION FUNERAL HOMES TIC
-8	Hay & follow 2501 owyans FALLS PKWY BATE 2016
	23. PART I. Enter the discusse, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximate interval Between
li E	IMMEDIATE CAUSE (Final disease or condition resulting in death) • What But the property of th
NO	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury
ERTI	that initiated events resulting in deeth) LAST d
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS
EDICAL	PERFORMED? 1 YES 2 NO OF DEATH?
PHYSICIAN: MEDI	THE 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF WORK? INJURY 1 Netural 5 Pending 28c. INJURY AT WORK? M 1 YES 2 NO
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
LET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end manner ee stated.
COMPLETED	One) 2 DrMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.
BE	296. BIGNATURE AND WILE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Que. Hour)
70	SO, NAME AND ADDRESS OF PERSON WHO COMPLETED CARDE OF DEATH (ITEM 27) (Type, Print)
	JUL 25 1990 Fully Devision-Andress.

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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours at	CCTDs. After this certificate has been stoned by the attending physician and completely filled in by
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31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH LITER PROTOPOL

32 hegistran's signatures Gulia Davidson-Mandalle

		FOR	STATE OF I	MARYI AND	/ DEDAD	TMENT	UE H	EAITH	AND I	MENTAL	HYCIEN	ıc	90	20173
	1	- STATE REGISTRAR I tem#7 perFl	G771 5/2	5/99 EW (CERTIF	ICATE	OF	DEA	TH	MENTAL	REG. NO			
	1	1. DECEDENT'S NAME (First, Middle, Last)								BRONTH	OF DEATH	DAY	YEAR	3. TIME OF DEATH
		Ernest Rol	pert	Terry,	Sr.					July	20,	1990	TEAN	М
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER			Dey, Year)	1920	8. BIRTI	HPLACE (State or Foreign
	Ī	227-09-0879	1 💢 M 2 🗌 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar.	12,	1990		ginia
		9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	A LOCATI	ON OF DE	ATH		_	INTY OF E	
2		1930 Penrose Ave.				Balt	imo	re						
DIDECTOR		RESIDENCE OF DECEDENT												Y
1 2		10e. STATE 10b. COUNTY				Y, TOWN O		ION						10d. INSIDE CITY LIMITS?
		Maryland			ьа	ltimo				-				1XXYES 2 NO
DV CHINEDAN		10e. STREET AND NUMBER					194	ZIP COD	E					WHAT COUNTRY?
		1930 Penrose Ave.						1223					S.	
1 5		11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	IT EVER IN U.S.						NIC ORIGIN In, Puerto R	? (Specify Yelloan, etc.)	s or No-	14, RAC Blac	CE — American Indien, ck, White, etc.
2	:	3 X Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1	☐ YES	2 NO	Specify	y:			Spec	Black
		15. DECEDENT'S EDUC	CATION	160	DECEDENT'S	I IISIIAL OO	CHIPATIO	N		186	KIND OF BL	ISINESS/IN	DUSTRY	DIACK
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1 5		7th Grade	College (1-4 or 5		uek D	~ :	_						-	Works
COMPI ETEN		17, FATHER'S NAME (First, Middle, Last)		1 11	uek D	TIVE		16. MOT	HER'S NA		fiddle. Maidei		DATE	WOIRS
TO DE COM		Coles C. Terry						Luc	v Va	lent:	ine			
ned a		19a. INFORMANT'S NAME (Type/Print)		T	19b. MAJLING	ADDRESS	(Street a					wn, State, Z	ip Code)	
E 5	2	Ermest R. Terry,	Jr.		7416	Monit	a R	had	Ba1	kimo	re. Ma	rvla	nd	21208
2	- 1	20e, METHOD OF DISPOSITION			CE OF DISPO					4 2		OCATION -		
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examiner must		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	.)		22.1	NAME AN	D ADDRE	SS OF FA	CILITY]	Vutte	r Fun	eral	Homes, Inc.
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	╣	23. PART I. Enter the diseases, pr	numplications the	of Coursed the	deeth Do	_				ry1a		1216	rea of	Approximats
medical		shock, or heart feliure.	List only one ca	use Dn eech	ine.				3			piratory s	11000,	Interval Between
2		IMMEDIATE CAUSE (Finel disease or condition	2-	2000	01	150	1).	25						Onset and Death
Ę.		resulting in death)	a. Ne	>1/C/	LO AC	7 134	7 10	NOO						
other traumatic event,			boe ic	RPIRAS A CON	(TAT	(F):		VI	C	N.K	ER	_		
y, or other traumatic	5	Sequentially list conditions,	b. DUE TO	OR AS A CON	SECUENCE O	E)	1-77	70		-,-				
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shows any Injur		PART II. Other aignificent condition	s contributing to	deeth but no	ot resulting	in the un	derlying	ceuse	given in	Part i.	24a. WAS A PERFO	N AUTOPSY DRMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
IN Ame su	3	COLONALI	MATT 1	M. M	DC-9/2	. 0	1				1 TYES	2 NO		OF DEATH?
Nows		CHRONIC	OBSTON	men UT	= PU	UW.	NAU	MI	MAK	SE		/ *		1 TYES 2 NO
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men C	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF E	DEATH (C)	neck only on	10)			
ed, or item 23 s	2	1 YES 2 NO	1 Inpatient 2			4 🗆 Nun	sing Hom	/ >	ealdence	8 🗆 Othe				
9 0		27. MANNER OF DEATH 1 Netural 8 Pending	28e. DATE O (Month,	FINJURY Day, Year)	28b. TII	JURY		RIC?	_	28d. DES	CRIBE HOW	INJURY O	CCURED	
marked,		2 Accident investigation				М		/ES 2 [_ NO					
28 5		3 Suicide 8 Could not be determined		OF INJURY — A I, etc. (Specify)	r nome, farm,	street, fact	ory, offic	•			ATION (Stree or Town, Stat		er or Rumi	I Route Number,
ANT: If Item 2	1	290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of	of my knowledge	death occur	rad at the 4	lme, deta	and place	and dre	to the car	use(e) and m	anner es e	ated.	
		CONSTRUCTION OF THE CONTROL OF THE C												e(a) and manner as stated.
		29b. SIGNATURE AND TITLE OF CERTIFIE		1.11				_	ENSE NU			-	-	D (Morith, Pay: year)
		The State of Seatting	1-1)	1 NHE	Sugar S	1	\$1	Total	LNOE NU	moun <	06		57/	21/19

DHMH-16 Rev 1/89

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		must
10 101101	ours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	om 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
03 00	remova	dical
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STILL	SULO	, me

TO BE

31. DATE FILED (MOSTIN 1990)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print)

					20 201	1 4
FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Hice I	la W	hite	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 2 12 - 12 - 9307	5. SEX 6. AGE (In yr.	s. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	6. BIRTNPLACE (State or Fore Country)	
9a. FACILITY NAME (If not institution, give st 4019 Park	treet and number) Heights	9ь. СІТ	y, town or location of o		OUNTY OF DEATN	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS? 1 \rightarrow\text{YYES 2 \rightarrow\text{N}}	
10e. STREET AND NUMBER HO19 Par-K	- Heights		101. ZIP CODE 2/2/	10g. C	CITIZEN OF WHAT COUNTRY?	
11, MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	⊠ NO	WAS DECENDENT OF NISPAI If yes, specify Cuben, Mexico 1 ☐ YES 2 NO Specif		- 14. RACE — American Indian Black, White, etc. Specify: Black	آ. ت
15. DECEDENT'S EDUC (Specify only higheat grade Elementary/Secondary (0-12)	CATION 184 Completed) College (1-4 or 5+)	O. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BUSINESS/	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Tames Be	11		16, MOTHER'S NA	ME (First, Middle, Melden Surnem	0)	
190 INFORMANTIS NAME (Typo/Print) S	m 1th	4019 Pe	yk Heigh	Aoute Number, City or Town, State,	ettered 2/2	15
20e, METNOO OF OISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State off	er place) Arbu	tame of cometery, cromatorly or Lus Hey K	ark Hoba	- City or Town, State US M	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /MAN	, j	NAME AND ADDRESS OF FA	. Wast	h Ave	
23. PART I. Enter the diseases, or cehock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Emplicatione that caused the List only one cause on each		7	and the cerdiec or respiratory	errest, Approxims interval Be Onset and	twee
Sequentially list conditions,	DUE TO (OR AS A CO	tas 15.	rain To	n uner		
if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO		Ca deri	<u></u>		
that initieted events resulting in deeth) LAST	DUE TO (OR AS A CO	Rem	of frit	we.		
PART II. Other significant condition	e contributing to death but	npt resulting in the u	inderlying couse given in	Part i. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR 1	AUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ ОТНЕ				
1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2-ER/Outpatie 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY	At home, ferm, atreet, fa		281. LOCATION (Street end Nur City or Town, State)	mber or Rural Route Number,	_
one)	ICIAN: To the best of my knowledg					ated.

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1	-	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

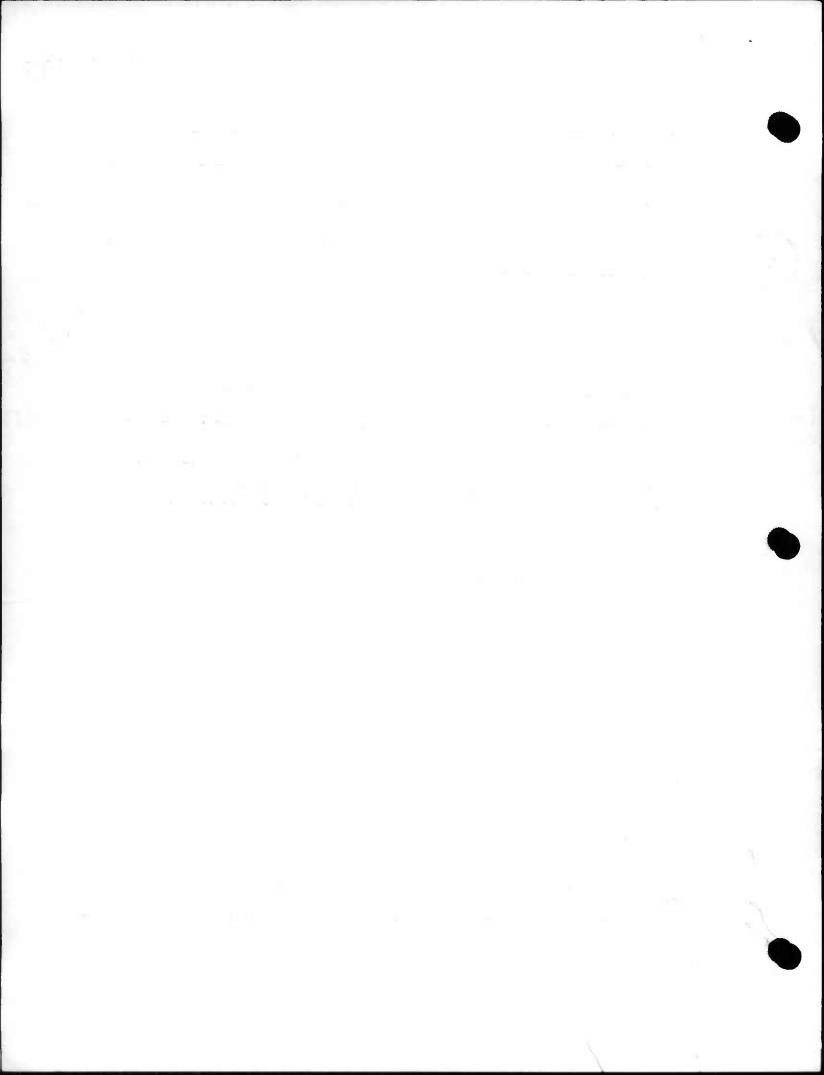
BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, Last)					OF DEATH		REG. NO.			
lamed hi Malta	20					2. DAT MON	e of Death	Y 00	YEAR	3. TIME OF DEATN
James E. Walte:								90	Įša,	
578-18-1915	5. SEX	6. AGE (In yrs. In		ONTHS DA			e of Birth orth, Day, Year)	5	Country)	ryland
. FACILITY NAME (If not institution, give a				b. CITY. TO	WN OR LOCATION OF		10-0-2		TY OF DE	
4207 Willshire					ltimore (3th 00011	TT OF DE	
ESIDENCE OF DECEDENT	Avenue			1)4	TOTHOTC	7103				
a. STATE 10b. COUNTY	Υ		10c. CITY,	TOWN OR L						10d. INSIDE CITY LIMITS?
Maryland				В	altimore	City				1 CYES 2 NO
STREET AND NUMBER					101, ZIP CODE	006		10g. CITIZ		HAT COUNTRY?
4207 Willshire						L206		Ц,	USA	
. MARITAL STATUS Never Married 2 Married		YES 2		If yes	DECENDENT OF NIS s, specify Cuban, Me	kican, Puerte		or No—	Black,	— American Indian, White, etc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE W	AR OR DATES	WW 11	1 [YES 2 XXIO Sp	ecity:			Specify	White
15. DECEDENT'S EDU	ICATION	18a. D	ECEDENT'S U	SUAL OCCU	PATION	10	6b. KIND OF BUS	SINESS/IND	UŞTRY	1 0 11
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +) #	alve kind of wo b. Do NOT use	rk done durin retired.)	g most of working		Montgo	mery	Coun	ty Gov't.
GED		I	orema	a			Transp	orati	ron T	ivision
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S		, Middle, Malden			
Whitney Walter						_	rice We			
a. INFORMANT'S NAME (Type/Print)	1+0	1	A207	DDRESS (St	meet and Number or Ru Shire Ave	Iral Route Nu	mber, City or Town	n. State, Zip	Code)	206
Mrs. Nettie Wa	Tret		11							
a. METHOD OF DISPOSITION M Burial 2 Cremation 3 Rem	noval from State	20b. PLACI			d Cemetery, cremetory			CATION (
☐ Donation 5 ☐ Other (Specify) SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	-			IE AND ADDRESS OF	0	Bal	timo	re, N	aryland
9 1 3	exeral.	7.6	2		ahn Fune:		ome			
Jasselw Te	extral	/ WHIS	OLE.	7401	Belair :	Rd. B	alto.,	Md.	2123	6
MMEDIATE CAUSE (Finel leese or condition esuiting in death)	a. Can DUE TO	OR AS A CONS	DUENCE OF)	the)					years.
any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury at Initiated events	с	(OR AS A CONS	EQUENCE OF):	:						
any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events esuiting in death) LAST	cDUE TO				tying cause giver	In Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a moturs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriabe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALTIMORE, MARYLAND 21203-

permit, Pages 1, 2, 3 should

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	116010111111								7700177			
h ,	1. DECEDENT'S NAME (First, Middle, Lest)	JEANETTE D. WIATR 2. DATE OF DEATH JULY 21, DAY 990 YEAR 3. TIME OF DEATH							3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	ITY NUMBER 5. SEX 8. AGE (In yrs. last birth			IF UNDER 1 YEAR IF UNDER 24 HRS.					HPLACE (State or Foreign		
	212-34-1497	1 - M 2/(XF	56		MONTHS		HOURS	MIN.	(Month, Day, Year) 2-1-193	4	MAR	YLAND
<u> </u>	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				DEATH		
	FRANCIS SCOTT KEY MEDICAL CENTER			TFR	BALTIMORE CITY							
2	RESIDENCE OF DECEDENT				~	DALI PROPERTY						
Ĭ Į	10a. STATE 10b. COUNTY			10c. CI	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
DIRECTOR	MARYLAND BALTIMORE				DUNDALK			1 □ YES 2XX NO				
BY FUNERAL	10s. STREET AND NUMBER					101. ZIP CODE			10g. Cl	10g. CITIZEN OF WHAT COUNTRY?		
5	8410 COVE ROAD				21222				U.S.A.			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2			S ARMED 13. WAS DECENDENT OF HISPAN					14. RAC	E — American Indian, ik, White, atc.		
	1 Never Married 2 Married	IF YES, GIVE W					Specify			Spec	-Mv·	
	3 Widowed 4 Divorced				_ 1						1	WHITE
9	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16	Se. DECEDENT'S	Work done	OCCUPATION DO	ON ast of worki	na	16b. KINO OF B	USINESS/IN	OUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	+)	illu. Do NOT L	ise retired.)						
<u> </u>	12TH GRADE	N/A		НОМ	E MA	KER				HO	ΜE	
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maide	n Surname)		
Ш	JOSEPH LATVANAS						EL:	IZABI	ETH BARON,	IS		
00	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	SS (Street I	and Numbe	r or Rural I	Route Number, City or To	wn, State, 2	ip Code)	
2	WALTER F. WIATR			8410	COVE	ROA	D 1	BALT	IMORE, MAI	VIAN	D	21222
			20b. Pt	LACE OF DISPO	SITION (Vame of ce	metery crer	natory or	20c. I	OCATION -	- City or T	own, State
	20s. METHOD OF DISPOSITION 1.A. Suriel 2 Cremation 3 Remo	oval from State	SAC	RFD HF	ART	OF M	ARV (°FM	7-25-90	RAIT	TMOR	F MARVIAND
	4 Donation 5 Dother (Specify) SACKEV HEAK I OF MAKY CEM. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF					SS OF FA	7-25-90 BALTIMORE, MARYLAND NERAL HOME OF DUNDALK, INC.					
	6-0					DUDA.	-RUCI	K FUI	VERAL HOME	OF D	UNDA	LK, INC.
	LESON P.	Suco	معلا	\		7922	WISI	E AVE	ENUE DUNT	DALK,	MAR	YLAND 21222
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate interval Between							Interval Between				
ı	IMMEDIATE CAUSE (Final										Onset and Deeth	
	disease or condition resulting in death)	Hc	inte 1	myou	ull	in (MB	ali	I			Ð
- 1		DUE TO	(OR AS A CO	ONSEGNENCE (OF):	/	1		O.			10
Z	disease or condition resulting in death) a. Acute myoruntual undust DUE TO (OR AS A CONSEQUENCE OF): Character Renal Laulus 1245 DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	if any, leading to immediate											
2	CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):											
	that initiated events resulting in death) LAST	DUE 10	(OH AS A CC	UNSEQUENCE (Jr-):							İ
H		1										
- 1	PART II. Other significant conditions	s contributing to	death but	not resulting	In the i	underiyin	g cause	given in		N AUTOPSY	24	b. WERE AUTOPSY FINDINGS
DICAL										ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	-								1 _ YE\$	2 UNO		OF DEATH?
			_						— I			1 TYES 2 NO
PHYSICIAN: N	25 MBO CACE DEFENDED WO MENION						1 100 55	Dec 100				
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТН	ER:			eck only one)			
<u>≥</u>	1 ☐ YES 2 ☑ NO 27. MANNER OF OEATH	1 Inpatient 2				_		esidence	6 Other (Specify)	2 8h4 m · · · ·	001:	
H	1 Netural 5 Pending	28a. DATE Of (Month, E		28b. TI	WE OF	W	JURY AT ORK?		28d. OESCRIBE HOV	/ INJURY O	CCURED	
B	2 Accident Investigation				м	M 1 YES 2 NO						
	3 Suicide 8 Could not be		OF INJURY — , etc. (Specify)	At home, farm,	street, fa	ectory, offic	ce		28f. LOCATION (Stree City or Town, Ste		er or Rural	Route Number,
	4 Homicide determined											
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowled	ige, death occur	red at the	time, dat	e and place	e, and due	to the cause(a) and r	senner aa si	ated.	
<u> </u>	name?	R: On the basis of a	xamination a	nd/or investigat	lon, in my	opinion,	death occu	red at the	time, data and place,	and due to	the cause	(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER					y opinion, death occured at the time, data and placa, a		294 D/	TE SIGNE	D (Month, Day, Year)		
BE	Q (1 1 0	-		_			n	171	77	 	7 - "	2-90
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALL	SE OF DEAT	H (ITEM 27) (3-	a Defeat			112	12		V	-3 10
	John Andw	11111	1D	-C.	C D	HK	'an	Me	el Ctv.	Ba	lt	move
	31. DATE FILED (Month, Day, Year)	32. REGISTRA		URE			0	, ,				
JUI 25 1990 Fisher Stevidson Frances												

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

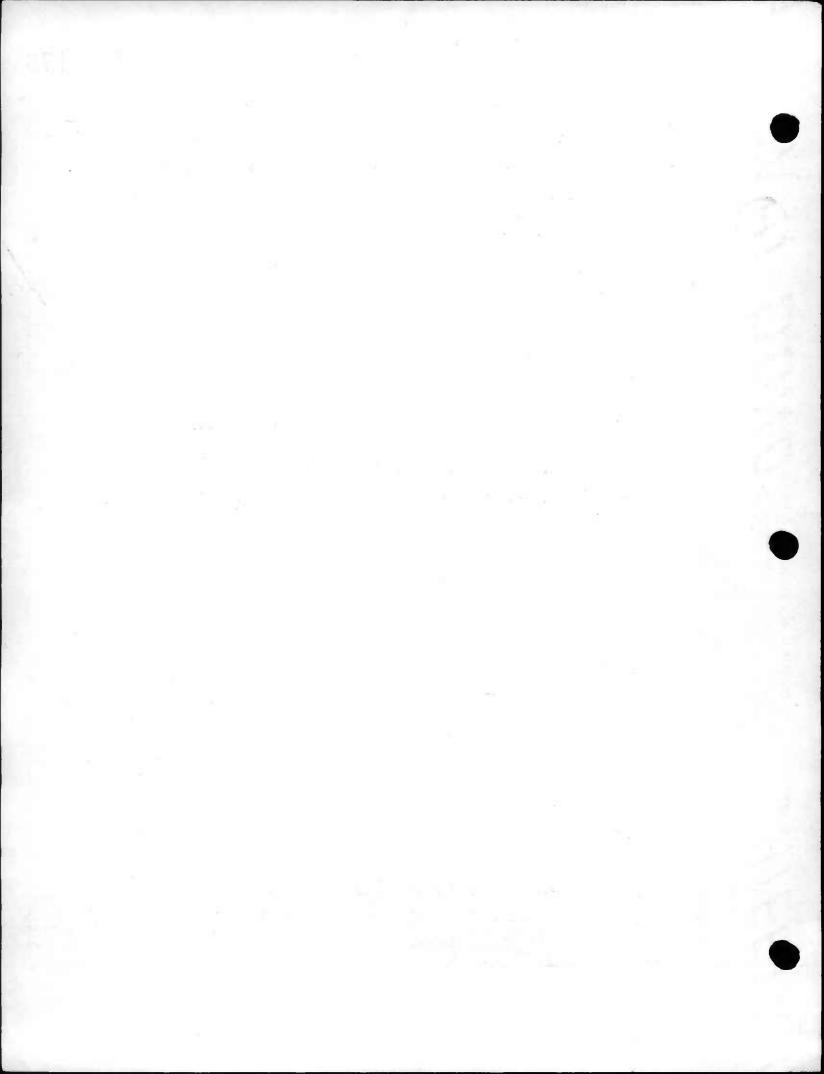
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TRUCK DRIVER 7. FATHER'S NAME (First, Middle, Last) WILLIAM YOUNG 8a. INFORMANT'S NAME (First, Middle, Maloen Surname) WILLIAM YOUNG 8a. INFORMANT'S NAME (First, Middle, Maloen Surname) WILLIAM YOUNG 8a. INFORMANT'S NAME (First, Middle, Maloen Surname) WILLIAM YOUNG 8a. INFORMANT'S NAME (First, Middle, Maloen Surname) WILLIAM YOUNG 8a. INFORMANT'S NAME (First, Middle, Maloen Surname) WILLIAM YOUNG 8a. INFORMANT'S NAME (First, Middle, Maloen Surname) WILLIAM YOUNG 8a. INFORMANT'S NAME (First, Middle, Maloen Surname) WILLIAM YOUNG 96.00 NORTH POINT ROAD FORT HOWARD, MD 21052 20a. DECATION - City or Town, State Other (Specify) 1. SIGNATURE OF PUREAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SECULO FOR MALOEN SURNAME (First, Middle, Maloen Surname) WILLIAM YOUNG 96.00 NORTH POINT ROAD FORT HOWARD, MD 21052 20a. LOCATION - City or Town, State Other (Specify) 1. SIGNATURE OF PUREAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SECULO FOR MALOEN SURNAME (First, Middle, Maloen Surname) WILLIAM YOUNG 96.00 NORTH POINT ROAD FORT HOWARD, MD 21052 20a. LOCATION - City or Town, State Other (Specify) 20a. LOCATION - City or Town, State OTHER STATE OF PARTY AND VET CEMETERY WING MILLS, MARYLAND APPROXIMATE Interval Between the Maloen Surname) APPROXIMATE Interval Between Surname (First, Middle, Maloen Surname) WILLIAM YOUNG 20a. LOCATION - City or Town, State OTHER STATE OF THOMAS OF T
TATHER'S NAME (First, Middle, Last) NILLIAM YOUNG Be, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Paral Route Number, City or Town, Stelle, Zip Code) 20c, METHOD OF DISPOSITION Burlet 2 (Demandon 3 Bernoval North Burlet 20c, PLACE OF DISPOSITION (Name of cemetary, crematory or office of the print) Donation 5 Other (Specify) 1. SIGNATUR OF FUNETIAL BETWICE CICENSEE 22. NAME AND ADDRESS OF FACILITY SEQUENTIAL List only one ceuse on each line. MMEDIATE CAUSE (Final Steller) Bleeses or condition, secuting in deeth) CANCER OF PANCREAS OUE TO (OR AS A CONSEQUENCE OF): ASCVD Due TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF): ABLITUS OF Specify In Part I. 24a, WAS AN AUTOPSY PROPINED AND ADDRESS (Street and Number or Rural Route Number of Round Number or Rural Route Number of Round Number or Rural Route Number or Rural Route Number (Ryo or Rown, State) 25c. LOCATION — City or Town, State WING MILLS, MARYLAND 27c. NAME AND ADDRESS OF FACILITY SECULO OF PARCE AS OUE TO GO AS A CONSEQUENCE OF): ASCVD Due TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF): AMALABLE PRIOR TO AMALABLE PRIOR T
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d. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
PERFORMED? AWAILABLE PRIOR TO
PERFORMED? AWAILABLE PRIOR TO
OF DEATH?
1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER:
1 YES 2 NO 1 Almostlent 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)
77. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DE\$CRIBE HOW INJURY OCCURED
1 Neturat 5 Pending M 1 YES 2 NO 2 Accident triveatigation
3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office 25t. LOCATION (Street and Number or Rural Route Number, City or Town, State)
4 Homicide determined
Se. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the lime, date and place, and due to the cause(e) and menner as stated.
2 MEDICAL EXAMINEN: On the basis of azaminetion and/or investigation, in my opinion, dastn occured at the time, data and place, and dua to the cause(e) and menner as state
96. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
7-20-90
0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
WEN-SHYANG WU, M.D. 9600 NORTH POINT ROAD FORT HOWARD, MARYLAND 21052
DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit has find within 72 having after death with the State Beet, of Health and Mental Horiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IE HOSPITAL OR ATTENDING	IE FUNERAL DIRECTOR: After death	HTANT: If Item 28 is m
TO TH	THE SE	IMPC

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT		MENTAL HYGIEN REG. NO.	E		
		eiger			MONTH DAY YEAR 3		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-16-61-8 9a. FACILITY NAME (If not institution, give si	8. SEX 6. AGE (In yrs 1	YRS. MONTHS	1 YEAR SF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) - 25 - 3	Co	RTHPLACE (State or Foreign	
TOR	Stella Maris Hos	Stella Maris Hospice Towson				imore		
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	BALTIMORE	TIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 XNO			
	100. STREET AND NUMBER 2448 FOREST GREE	N RD.		10f. ZIP CODE	209	10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. V			WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Spec	en, Puerlo Ricen, atc.)	a or No— 14. RACE — American Indian, Black, White, atc. SpecifyWHTTE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) HOUSEW	during most of working		OF BUSINESS/INDUSTRY AT HOME		
BE CO	17. FATHER'S NAME (First, Middle, Last) HYMAN SHERMAN			FAI	AME (First, Middle, Maiden NNIE WOLFE	,		
10	198. INFORMANT'S NAME (Type/Print) STANLEY ZEIGER		the state of the s	S (Street and Number or Rura EST GREEN RI			21209	
	20a, METHOD OF DISPOSITION 1	ovel from State othe	er place)	ame of cemetery, crematory or	. BA	CATION — City o		
	ARLINGTON (CHIZUK AMUNO) 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD. 21215							
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arreat, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Due TO (or As A consequence of): Due TO (or As A consequence of): Due TO (or As A consequence of): Due TO (or As A consequence of): Due TO (or As A consequence of): Due TO (or As A consequence of):							
	PART II. Other algorificant condition	a contributing to death but n	ot resulting in the u	nderlying cause given I	n Part I. 24a. WAS AN PERFOI	RMED?	24b. WER AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL	Lame	28. PLACE OF DEATH (C	Check only one)			
BY	1 YES 2 NO 1 Inpettent 2 ER/Outpstlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) HOSPICE 27. MANNES OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? Work?							
COMPLETED	4 Homicide determined building, atc. (Specify) 29a. CERTIFIER (Check only) City or Town, State) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
TO BE CO	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER A Calculation of Carlos Company (Month, Day, Year) D 27087 D 27087							
	30. NAME AND ADDRESS OF PERSON WH Carla S. Alexander	, M.DStella	Maris Hosp	pice-Dulaney	Valley Rd	Towso	n21204	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNATUR	ne ndelle					

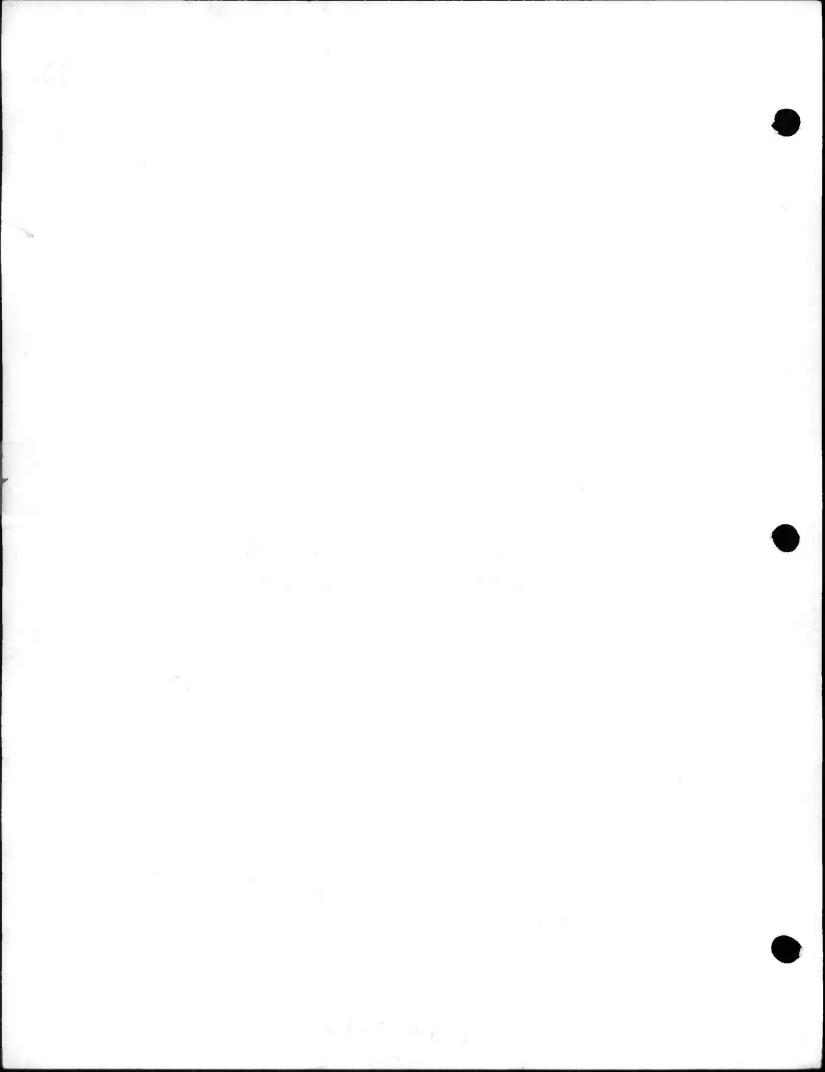


6 may be retained by the hospital or attending physician. ctor, page 5 should be defached for use as the bunal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ curs after death. Page 6 may be retained by the hos	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach		MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PITA	FRAL	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	E H
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.	30 2017.		
	1. DECEDENT'S NAME (First, Middle, Last) ROSE E.	ANDER		THE OF BEATT	2. DATE OF DEATH MONTH DAY	YEAR 9.15A M		
TOR	4. SOCIAL SECURITY NUMBER 578.01.4309	5. SEX 6. AGE	(In yrs. lest birthday) FE MON		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) WASHINGTON, D.C.		
	9a. FACILITY NAME (If not institution, give s UNIVERSITY NURS RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF DE	ATH 9	Mentigomeny.		
DIRECTOR	10a. STATE 10b. COUNTY MONTO	GOMERY		WN OR LOCATION CATON		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
RAL	100. STREET AND NUMBER 11422 SHERRIE LAI	VF.		10f. ZIP CODE 20902		IOG. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 XMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF NISPAN If yea, specify Cuban, Mexican 1 YES 2 NO Specify	IIC ORIGIN? (Specify Yea or n, Puarto Rican, atc.)			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5+)	Ille. Do NOT use reti	done during most of working red.)	18b. KINO OF BUSINE	ESS/INOUSTRY		
TO BE COMPI	17. FATNER'S NAME (First, Middle, Last) UNKNOWN		ACCOUNTS M		PRIVATE I			
	190. INFORMANT'S NAME (Type/Print) JAMES L. ANDERSOL 200. METHOD OF DISPOSITION		11422 SH	RESS (Street and Number or Rural F IERRIE LANE WI N (Name of cemetery, crematory or	HEATON, MARY			
	1 Donation 5 Other (Specify)	oval from State	other place)	VEN CEMETERY	SILVE	ER SPRING, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LI	J. Coll		FRANCIS J. COI 500 UNIVERSITY	LLINS FUNERA	AL HOME, INC. SIL.SPR.,MD. 20901		
CERTIFICATION	23. PART T. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitted events	a. OUE TO (OR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR AS OF TO COR	nach iine.	enter the mode of dying, such	1 1	tory arrest, Approximate Interval Between Onset and Death		
	that initieted events resulting in daeth) LAST d. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
PHYSICIAN: MEDICAL	PART II. Ottes agrintesit condition	so community to death i	out not resulting in the	a underlying cause given in	PERFORME 1 YES 2	ED? AVAILABLE PRIOR TO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	90	26. PLACE OF GEATH (Ch				
BY PHYS	1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Realdence 28c. INJURY AT WORK? M 1 YES 2 NO	8 L. Other (Specify) 28d. OEŞCRIBE HOW INJU	URY OCCUREO		
	3 Suicide 8 Could not be 4 Homicide determined	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	(Orlock Orlly			the time, data and place, and dua my opinion, death occured at the		or as stated. due to the cause(a) and menner as stated.		
TO BE	NAME AND ADDRESS OF PERSON W	-gh	PAID (TYPO, Prin	29c. LICENSE NUI	MBER 2	P/4/90		
	AYMOND T. BENZ	ACK, M.D. 41	115 COLIE I		MD. 20906			
	JUL 1 0 '90	Freha Davidson	-Mandell					

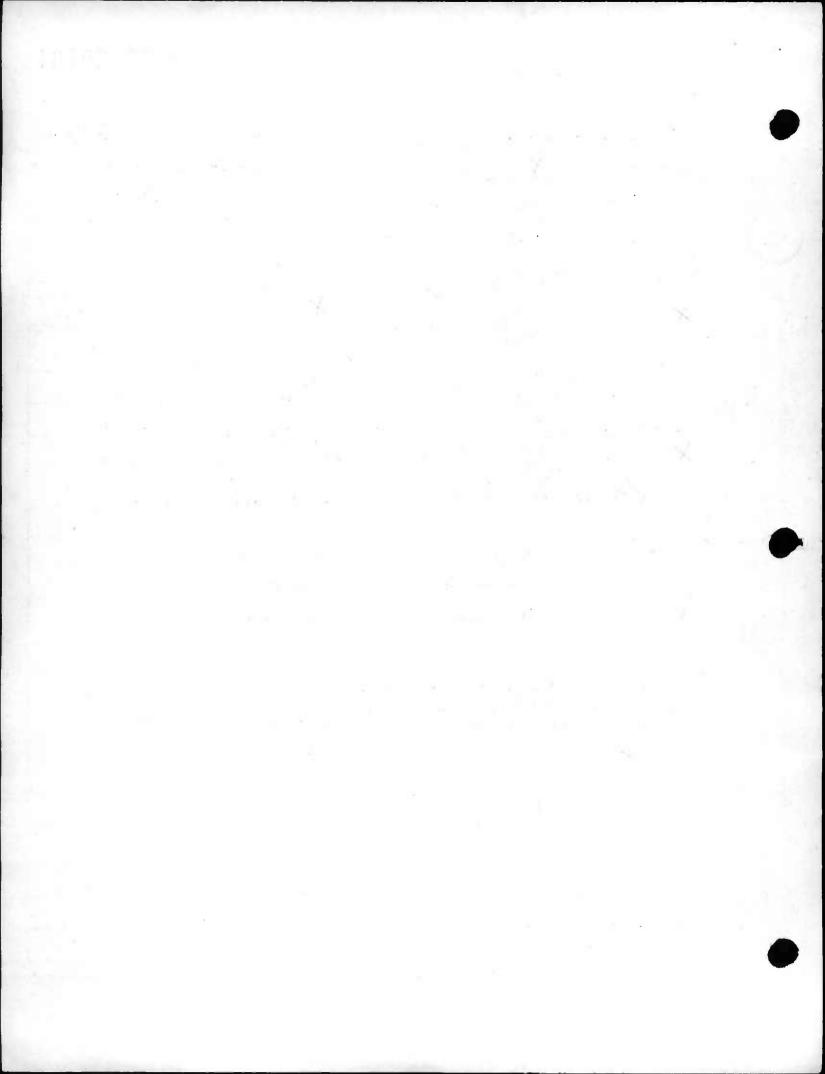


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N: The law requires that the death cel	ficate has been signed by the attending	Hem 23 shows any injury, or of
SICIAN: The law requires that the death cel	certificate has been signed by the attending	I, or item 23 shows any injury, or of
PHYSICIAN: The law requires that the death cel	this certificate has been signed by the attending	rked, or item 23 shows any injury, or of
ING PHYSICIAN: The law requires that the death cell	After this certificate has been signed by the attending	marked, or item 23 shows any injury, or of
ENDING PHYSICIAN: The law requires that the death cer	DR: After this certificate has been signed by the attending	is marked, or item 23 shows any injury, or of
ATTENDING PHYSICIAN: The law requires that the death cer	RECTOR: After this certificate has been signed by the attending	m 28 is marked, or item 23 shows any injury, or of
L OR ATTENDING PHYSICIAN: The law requires that the death cer	DIRECTOR: After this certificate has been signed by the attending	Hous after beautiful of State Dept. or regard and montal system 28 is marked, or Item 23 shows any injury, or of
PITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	ERAL DIRECTOR: After this certificate has been signed by the attending	In 72 Hours after useful with the State Dept. Of regard and montal styre.
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cei	FUNERAL DIRECTOR: After this certificate has been signed by the attending	within 72 Hours died togeth with the State Dept. Or regard only more 1750 (TANT: If Item 28 is marked, or Item 23 shows any Injury, or of
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to have a bound of the companion or removed.	be med whim it industates death with the Salate dept, or regate and include, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
1. DECEDENT'S NAME (First,	Middle, Last) CC J. A	rastasi	2	2. DATE OF DEATH DAY YEAR 3. TIME OF			
4. SOCIAL SECURITY NUMBER 579-20-	01.11.2	(In yrs. lest birthdey) IF UNDER 1 YEAR 6 4 YRS. MONTHS DAYS	HOURS MIN.	C. DATE OF BIRTN (Month, Day, Year) NOV. 10,1925	8. BIRTNPLACE (State or Foreign Country) 5. Washington, D.C.		
1 1	Adventidation, give street and number)	9b. CITY, TOW RECK	or location of deat	N 9c.	Montgomery.		
RÉSIDENCE OF DEC 10a. STATE Maryland	Montgomery	10c. CITY, TOWN OR LOC ROCKVIL			10d. INSIDE CITY LIMITS2 1 Per 2 No		
10e. STREET AND NUMBER 625 Crocus 11. MARITAL STATUS 1 \square Never Merried 2 104	Avenue		101. ZIP CODE 20850	. 1	united States		
	1 Never Merried 2 BAMerried FORCES? 1 X YES 2 NO If yes, e			ECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— specify Cubus, Wexican, Puerto Rican, atc.) 14. RACE — American Black, White, etc. Specify: Whit			
	EDENT'S EOUCATION highest grade completed) 12) College (1-4 or 5+) 5+	16e. OECEOENT'S USUAL OCCUPY (Give kind of work done during life. Do NOT use retired.) Business Mana	most of working	Richard Mo	ontgomery		
17. FATNER'S NAME (First, Mi		Dabiness Hana	-	(First, Middle, Maiden Surna			
Anthony Ana	stasi		Concetta	a Giovanazzo	0		
19a. INFORMANT'S NAME (7)		19b. MAILING ADDRESS (Stre					
Amanda Anas					ryland 20850		
1 Suriel 2 Cremetio 4 Donation 5 Other	n 3 Removal from State (Specify)	other place) St. Mary's Cemet	ery	Rockv	on - City or Town, State ville, Maryland . Pumphrey Funeral		
21. SIGNATURE OF FUNERAL	1 -1	Home	/Rockville,	Inc. 300 1	West Montgomery nd 20850-2805		
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY CAUSE (Disease or injuince)	a	A CONSEQUENCE OF):	rest	rctim	interval Between Onset and Death		
DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST							
PART II. Other significa	nt conditions contributing to deeth		ring ceuse given in Pa		27 AMAILABLE PRIOR TO COMPLETION OF CAUSE		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
1 TES 2 NO	1 Inpatient 2 FR/Ou		iome 5 - Reeldence 8				
27. MANNED OF CEATN 1 Natural 5	28e. DATE OF INJURY (Month, Day, Year)	INJUNY	WORK?	28d. DESCRIBE NOW INJUR	TY OCCURED		
3 Suicide 8	Could not be determined 28e, PLACE OF INJUR building, etc. (Sp	Y — At home, term, street, factory, o		YES 2 NO 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
one)	IFYING PNYSICIAN: To the best of my kno						
3 Suicide 8 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE		,	29c. LICENSE NUMB		d. DATE SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF	PERSON WNO COMPLETED CAUSE OF D	EATN (ITEM 27) (Type, Print)	r. Fred	lack A	Ve Gaillursh		
31. DATE FILED (Month, Day,	190 Juna David	MATURE Rando DO			MU . 20877		

Date Confi

	FOR 1 _ STATE	STATE OF MARYLAI				MENTAL HYGIEN		0 20101	
	1. DECEDENT'S NAME (First, Middle, Last) James J. Amos	Jr	CERTIF	ICATE O	F DEATH	2. DATE OF DEATH ON THE PROPERTY OF THE PROPER	199	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 02-09-19	8.	BIRTHPLACE (State or Foreign Country) Baltimore	
TOR	3230 Black Rock				stersto		9c. COUNTY		
FUNERAL DIRECTOR	100. STATE 10b. COUNTY Md. Balt	imore		r, town on Loc Reiste	CATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
VERAL	3300 Black Rock	Road			21136		10g. CITIZEN	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS D If yes, 1 🔲 Y	ECENDENT OF HISPA specify Cuban, Mexico ES 2 J NO Specifi	NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) y:	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 7th grade	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working	ilahonoy			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Jaines J. Amos,	Sr.			16. MOTHER'S NA	ME (First, Middle, Maiden ie Virgin	sumame) ia Ha	mlin	
TO B	196. INFORMANT'S NAME (Type/Print) I'lr. James J. Amos					Route Number, City or Tow Reisterstow			
	2 Donation 5 Other (Specify)	PLACE OF DISPO	Cemete		Hampstead, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICE	1 100	e		S. Main S	Eline St.,Hampste	Funera ad, Md		
	IMMEDIATE CAUSE (Final	omplications that caused it list only one cause on each	ch line.					Interval Between Onset and Death	
NO	Sequentially list conditions, 6.	In fected I							
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST d.								
MEDICAL	Ischemic Bauch	Disease Pery	Mecal	Vescuer Reptic	OUSCORE. Utco. Nuscone	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AND	HOSPITAL: 1 Inpatient 2 ER/Outpet	tlent 3 🗆 DOA	OTHER:	PLACE OF DEATH (C				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif)		street, factory, o	ffice	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
COMPLET	anal and	AAN: To the best of my knowled: On the basis of examination						suse(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	to Marke	2)		0 250				
10	30. NAME AND ADDRESS OF PERSON WHO					dsTensTow	ins a	4134	
	31. DATE FILEO (Month, Day, Year)	32. Mar Bard	TURE Handa	86					



DIV THE HOSPITAL DR / TO THE FUNERAL DIRE PE filed within 72 hours MPORTANT: It liem	DIVISION OF VITAL RECORDS, F.O. BOX 13146, BALLIMOHE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	DIVISION OF A	TO THE HOSPITAL DR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR; After this certibe filed within 72 hours after death with the	IMPORTANT: It Item 28 is marked, or

	1 - STATE REGISTRAR	SIATE OF MARYL		CATE OF		REG. NO.	E	
	1. OEGEDENT'S NAME (First, Middle, Last)	1/010	s A	ndre	415	2. DATE OF DEATH	1/10	YEAR 3. TIME OF DEATH
-	4. SOCIAL SECURITY NUMBER	8. SEX 8. AGE (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	117	8. BIRTHPLACE (State or Foreign
	220-44-0391	1 X M 2 D F	8 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Apr. 18.1	892	Country) England
	9a. FACILITY NAME (If not institution, give	treet and number)		9b. CITY, TOWN O	R LOCATION OF DEA			NTY OF DEATH
OR	1127 Cumberst	one Road	17.0	Harwo	od		Anı	ne Arundel
EC	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y	I 10c. CITY	TOWN OR LOCATI	ON			10d. INSIDE CITY
SIR	Maryland An	ne Arundel		wood				LIMITS?
7	10e. STREET AND NUMBER	ie withher	1101		ZIP COOE		10g. CITIZ	ZEN OF WHAT COUNTRY?
ER	1127 Cumberst	one Road			20776		U.	.S.A.
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yee, spe		C ORIGIN? (Specify Yee , Puerto Ricen, etc.)	or No—	14. RACE — American Indien, Black, Whita, atc. Specify: White
ED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OECEDENT'S U	ISUAL OCCUPATIO	N t of working	16b. KINO OF BUS	INESS/IND	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfa. Do NOT use	retired.)	t or working			
COMPLETED		4	Broke	rage	V 11V - 2 - 2 - 1	Commo		Les
	17. FATHER'S NAME (First, Middle, Lest) Richard Andre					a Lewis	Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)	NS	19b. MAILING	ADDRESS (Street a		oute Number, City or Town	State Zin	Code
5	Harry Cannon		1127					d, MD 20776
	20a. METNOD OF DISPOSITION 1 Duriel 2 Commetten & I have	covel from State	. PLACE OF DISPOSI other place)					Cify or Town, State
	4 Donaton S Donat (Secty)	1 A V	etropol		remator		exai	ndria, VA
	Jeffry S.	Taylor		Taylo	r Funer	al Chape		polis,MD 2140
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A C.	d the deeth. Do not get line. CONSEQUENCE OF: CONSEQUENCE OF:	trofe	e.	ea cerdlec or reeple		Interval Between Onset and Death S Day S
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL	a contributing to deeth b	lit, not resulting	ls m	CRUSE OF DEATH (Che	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	5 Residence			
\H.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCC	CURED
ВУР	1 Natural 8 Pending 2 Accident Investigation	(mortil, Day, real)	11430		ES 2 NO			
	2 Accident investigation 3 Suicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, Stete)							or Rural Route Number,
COMPLETED		ICIAN: To the best of my know						ted. ne cause(a) and manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON W	12. UNU	11/	m	29c)LICENSE NUM	NER /	29d. DATE	E SIGNED (Month Day, Near)
	Charles H	Wint!	5 M.	12	Loth	ian	M	lery land
	JUL 9 1990 gala	- ENGLASSIVE PORTER	23.00					V

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
JUL 16 '90

Lulia Davidson-Randale

1 - STATE REGISTRAR		CERTIF	ICALE	: UF	DEAL			REG. NO.		- 6	10/0
1. DECEDENT'S NAME (First, Middle, Last)		OLITTII.	10/112			•	2. DATE O	F DEATH		Ĭ	3. TIME OF DEATH
ALBERTA BEATI	RICE ARCUL	EER					July	13, T	990	YEAR	11:55 PM
4. SOCIAL SECURITY NUMBER 5. S	SEX 8. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF	F BIRTH Day, Year)		8. BIRTH Country	PLACE (State or Foreign
452-12-7634	■ M 2XIF 90	YRS.	MONTHS	DAYS	HOURS	MIN.	July	10,19	00		ísiana
9a. FACILITY NAME (If not institution, give street a	,				R LOCATIO		EATH		9c. COUN		EATH
Bel Forest Nursing (Center		1	rore	st H	TTT			Hari	tora	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCATI	ION						10d. INSIDE CITY
Maryland Ha	rford	0.00	1 Ai								LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	LIOIG	1 100	L LYLI		ZIP COOL	E,		- T	10g. CITIZ	ZEN OF W	WHAT COUNTRY?
1002 Wakely Circle	, Box 825				2101	4			US	SA	
	WAS DECEDENT EVER IN							(Specify Yea	or No-	14. RACE	- American Indian, c, White, etc.
	FORCES? 1 _ YES IF YES, GIVE WAR OR DAT				2 NO		n, Puerto Rk y:	cen, stc.)		Speci	ty:
		44 - DEGENERATION					1 400 1				ite
15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted)	18a. DECEOENT'S (Give kind of title, Do NOT us	work done of	during mos	et of working	ng	100.	KIND OF BUS	INESS/INO	USTRY	
Elementary/Secondary (0-12) Co	llege (1-4 or 8+)		makei	r							
17. FATHER'S NAME (First, Middle, Last)					16. MOTI	HER'S NA	ME (First, Mi	ddle, Maiden S	Surname)		
Jules St.	Julien				Len	a	-	Fonse	eca		
19a. INFORMANT'S NAME (Type/Print)								r, City or Town			
Valdore A. Langford	đ	1002	Wake.	ly C	ircl	e, F	O Box	825,	Bel	Air	, Md. 21014
20a. METHOD OF DISPOSITION 1 □ Burial 2 ☑ Cremation 3 □ Removal to	Irom State	PLACE OF DISPO				•			CATION —		
4 Donation 6 Other (Specify)	R.	A. Fer				100		Wes	t Che	este	r, Pa.
21. SIGNATURE OF FUNERAL SERVICE LICENSE	NA D	-			D ADORE			TIT F	unera	al H	ome, P.A.
Aproard 12.	The ov	ues !	Z 1	317	Coke	sbur	v Roa	d. Ab	inad	on M	d. 21009
23. PART I. Enter the diseases, or comp	begues that caused										we
shock, or heart feilure, Liet			not anter								Approximate
shock, or heart fellure. Liet	only one cause on ee	ch lina.		the mo	de of dy						
	only one cause on ee	ch lina.		the mo	de of dy						Approximate Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the find within 72 hours after death with the State Pent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
The law require	te has been sig	im 23 shows	
PHYSICIAN:	this certifical	irked, or ite	
OR ATTENDING	DIRECTOR: After	tem 28 is ma	
TO THE HOSPITAL	TO THE FUNERAL I	IMPORTANT: If I	

	1 - STATE REGISTRAR	STATE OF MARYLA		RIMENT OF		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	PAUL	/	Alle	N	2. DATE OF DEATH DAY	90	3. TIME OF OEATN OG 59 M
	4. SOCIAL SECURITY NUMBER 380 - 38 - 5630	5. SEX 6. AGE (III	yrs. leat birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BIRTNI Country Oh i	
OR	90. FACILITY NAME (If not institution, give str 1510 Etok	reet and number) WAY	,	9b. CITY, TOWN	OF LOCATION OF DEA	NTH 9c	c. COUNTY OF OF	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
E I	Maryland Ann	ne Arundel		Crofto	n			LIMITS?
ME	10e. STREET AND NUMBER				of. ZIP CODE	10	g. CITIZEN OF W	
FUNERAL	1510 Eaton Way	12. WAS DECEDENT EVER IN			21114		U.S.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA Vietnam	2 NO	If yes,	pecify Cuben, Mexicen S 2 NO Specify:		Specif	— American Indien, , White, etc. lite
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	work done during i	FION nost of working	16b. KIND OF BUSINE		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u					
OMF	17. FATNER'S NAME (First, Middle, Last)	5 +	Eng	ineer	16. MOTNER'S NAM	Departm E (First, Middle, Melden Surr		Defense
BE C	A. T. Allen				- 100	M. Krapp		
TO B	19e. INFORMANT'S NAME (Type/Print)				t and Number or Rural Re	oute Number, City or Town, St	tate, Zip Code)	
F	Anne R. Allen					rofton, Ma		
	20e. METHOD OF DISPOSITION 1	oval from State	other piece)		emetery, crematory or		10N — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE D	CLODOT	22. NAME	AND ADDRESS OF FAC	Alex	andria	
	· Leffey S	Taylor				ral Chapel er St.,An		21401
CERTIFICATION	immédiate cause (Finel disesse or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE C	DF):	Ad.			Interval Between Onset and Death
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CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATN (Che	ck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp			ome 5 Residence (IRY OCCURED	
ВУ РІ	1 Netural 5 Pending (Morth, Dey, Yell) Old On 1 Yes 2 No Shot Sr / F							F.
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown, Street and Number or Rural Route Number, City or fown, Street							
COMPLETED	one)	CIAN: To the best of my knowl R: On the beels of axamination) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTURE	Jomo	De	puty	29c. LICENSE NUM	6054 1	d. DATE SIGNED	(Month, Den Year)
5	30, NAME AND ADDRESS OF PERSON MIN	PU JON	ATN (ITEM 27) (Typ)	r.D,	695	Americ	A à	1635
	31. DATE WERE (Martin, Down 1990)	Jan Jan San San San San San San San San San S	House					

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31. DATE FILED (Month, Day, Year)
JUL 10 '90

hospital or attending physician.

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DALIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be fled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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DIVISION OF VITAL RECORDS, F.O. BOA 13146,	OR.	DIR	Tel
	PITAL	RAL 72	1 1
	HOS	FUNE	IAN
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	Ξ

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest) Sondra Diane BALL

BALL

BALL CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 12:54 RM JONDER 4. SOCIAL SECURITY NUMBER 5. SEX 7, DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 X F 091-34-5173 Oct. 19,1941 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington DIRECTOR Washington County Hospital Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Clear Spring 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14734 Fairview Church Road 21722 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: ΒY 3 Widowed 4 Divorced white ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL housewife 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Lest) William Criss Beatrice Barber BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 14734 Fairview Ch. Road, Clear Spring, Md. 21722 Alfred Ball 20s. METHOD OF DISPOSITION 28b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State 1 ☆ Burlel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify) ___ Greenlawn Memorial Park Hagerstown, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart failure. List only one cause on each line. Interval Batween **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) PULMONAY 2 HOURS DUE TO (OR AS A CONSEQUENCE OF): LOWER BY PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediata cause. Enter UNDERLYING RIGHT LOWER LOBE 2 MONTHS DE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury OF LUNG that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 THO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: 1 YES 2 NO itient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 4 - Nursi 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b, TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investiga 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 7/33 0 NAME AND ADDRESS OF PERSON 239N, Porom R. C AGERSTOWN, MD.

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Pages 1, 2, 3 should

permit.

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IAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7 fours after death. Page 6 may be retained by the hospital or attending physician. AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans TS hours after death with the State Dept. of Health and Mental Hygiene prior to burial, premation, or removal, and the manual process. The constraint is a mental controlled at none.
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TO THE HOSPITA
TO THE FUNERA
Be filed within 72
IMPORTANT: \$

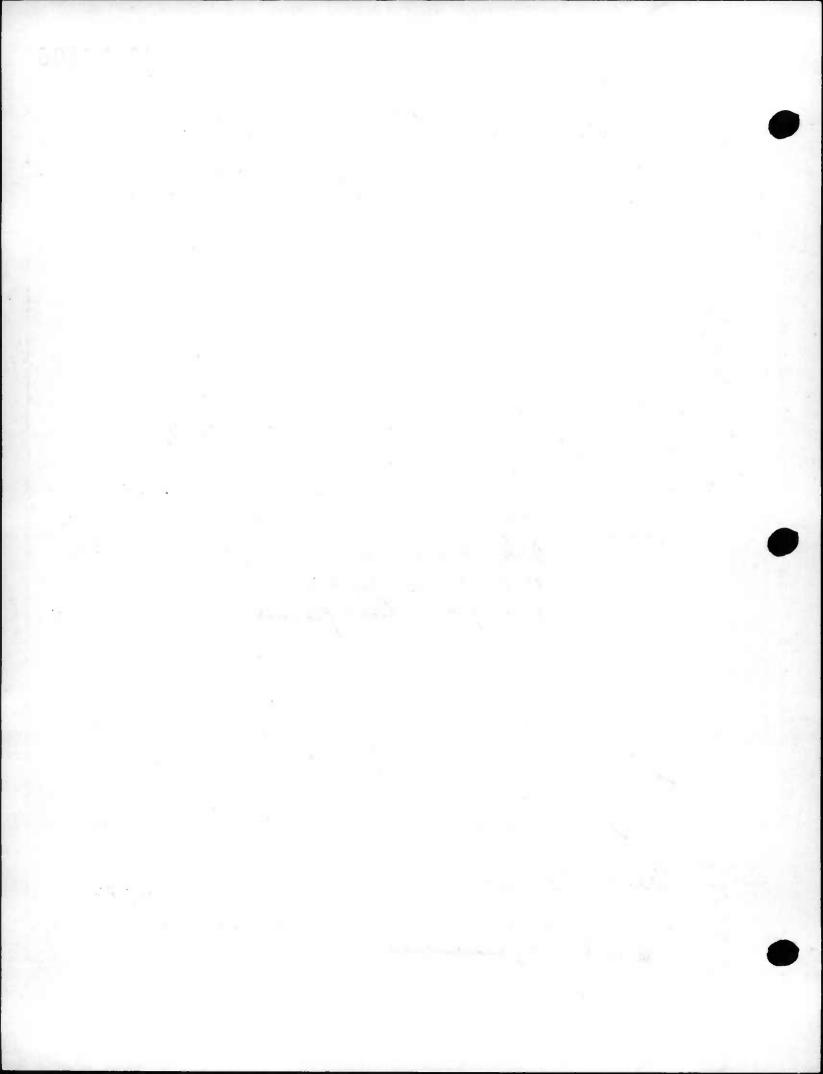
31. DATE FILED (Month, Day,

10 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

whie Davidson

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH DAY YEAR Norman Oliver BARNES 7, 1990 July 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 6. BIRTNPLACE (State or Foreign 7. DATE OF BIRTN IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 🙀 M 2 🗌 F 212-14-7785 93 YRS. Nov. 23, 1896 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF DEATH 868 Interval Road Hagerstown Washington DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Hagerstown Washington YES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? FUNERAL 21740 868 Interval Road U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24-2NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify: BY 3 🖾 Widowed 4 🗌 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp-Elementary/Secondary (0-12) College (1-4 or 5+) self employed 0 - 6body shop 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) John Wesley Barnes Alice R. Moats BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Route 3, Williamsport, Maryland Mrs. Betty Householder 20s. METNOD OF DISPOSITION
1 CX Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Cedar Lawn Memorial Park Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, MD 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. Liet only one interval Between set and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not requiting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Trasidence 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 28c. INJURY AT 28d. OESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide 29s. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Struck Chau, m) 2



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Edward W.Ditto

1 '90

31. DATE FILED (Month, Day, Year)

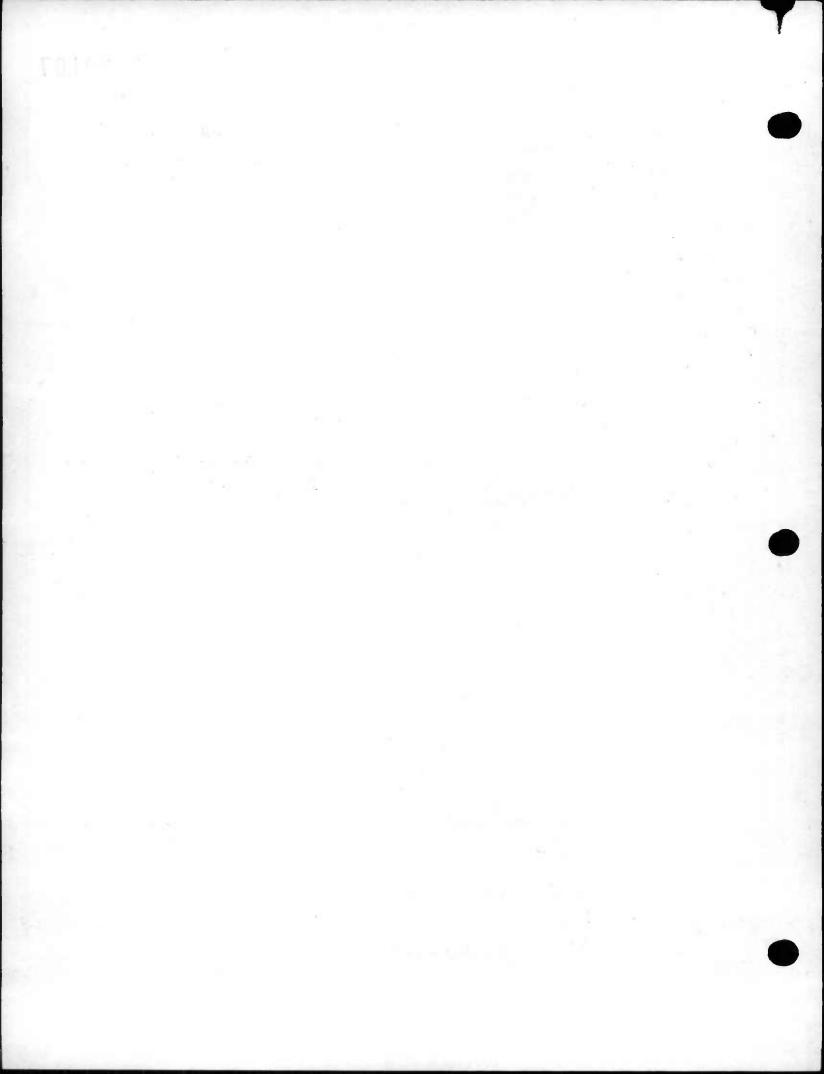
111MD

32. REGISTRAR'S SIGNATURE

Lulia Davidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July 8, 1990 YEAR George Calvin BROWN, Jr. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. (Month, Day, Year) Nov. 21,1970 DAYS HOURS 1 X M 2 F 216-94-3704 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21740 USA 34 West Side Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify: BY 3 Widowed 4 Divorced white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 0 laborer cement 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jane Sue Hubbard George Calvin Brown, Sr. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 433 Antietam Dr., Hagerstown, Md. 21740 James Gibson 20a, METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Cedar Lawn Memorial Park 4 Donation 5 Other (Specify) Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition_ Multiple major trauma
 DUE TO TOR AS A CONSEQUENCE OF: immediate reaulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 4 □ Nursing Home 8 □ Residence 8 □ Other (Specify) Rural 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO road 28d. DESCRIBE HOW INJURY OCCUREO Auto accident loss of 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF INJURY 1 Natural 5 Pending Investigation July 8,19900120A Ontrol and Struck tree 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide ETED 8 Could not be 4 Homicide McDade Road 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 😿 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D01062 July 10,1990 LIEVA 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

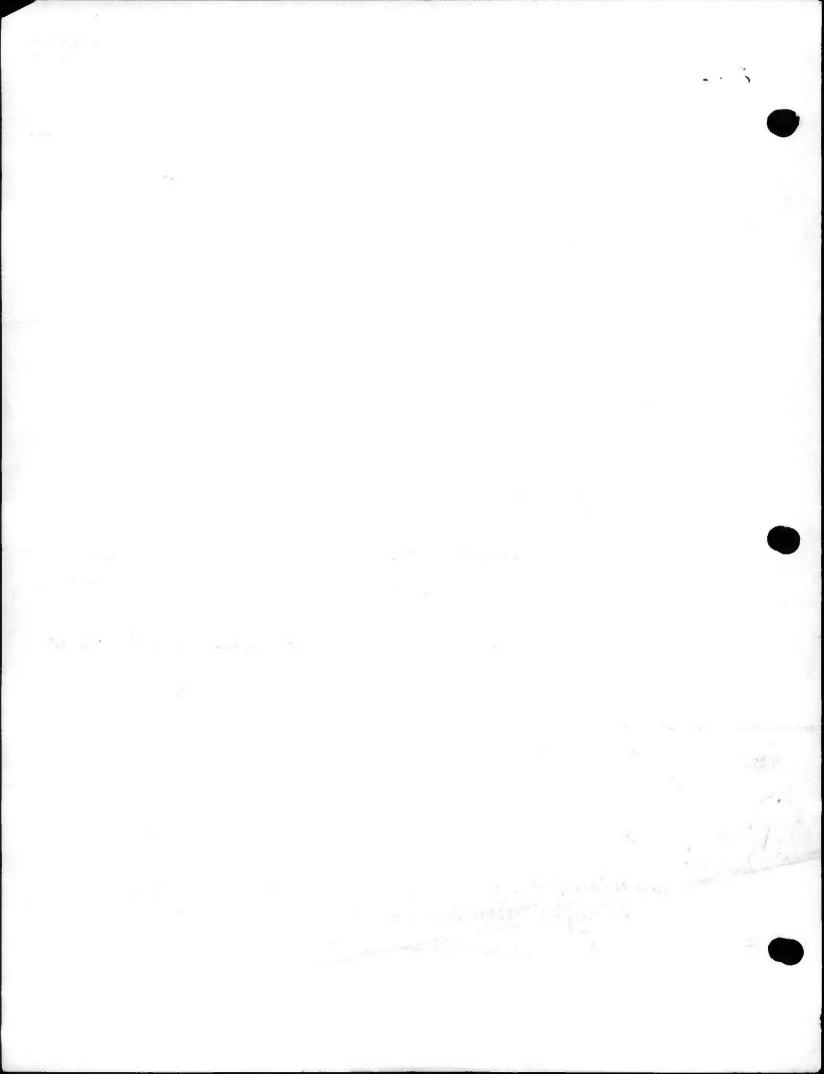
217W. Washington St. Hagerstown, Md. 21740



d within 24-mours after death. Page 6 may be retained by the hos	mpletely filled in by the funeral director, page 5 should be detach, cremation, or removal.	event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be fleet within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

~	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		PARTMENT IFICATI			MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)	DD OLD!					2. DATE OF DEATH	1		TIME OF DEATH
	JULIA ETHELINE	BROWN					JULY	dg	1990	12:15 p.m.
	4. SOCIAL SECURITY NUMBER		yrs. last birtho	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	,,,,,,,	Country)	ACE (State or Foreign
	230-28-0338	1 □ M 2 🏋 F 69) YR	s.			(Month, Day, Year AUG. 3,	-	VIRG	
æ	9a. FACILITY NAME (If not institution, give st JOHNS HOPKINS	•		96. CITY		R LOCATION OF DE			unty of deat LTIMOR	
2	RESIDENCE OF DECEDENT	HOSFITAL			DALI	IMORE CI	T I	DA	LIIMOR	E CITT
DIRECTOR	10e. STATE 10b. COUNTY			CITY, TOWN	OR LOCAT	ION			10	d. INSIDE CITY LIMITS?
		MARY'S COUNTY	7	MECHAN						☐ YES 2 💢 NO
FUNERAL	104. STREET AND NUMBER				101.	ZIP CODE			TIZEN OF WHA	T COUNTRY?
ÿ	4805 THOMPSON CO					20659			U.S.A.	
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO		If yes, spi	city Cuban, Mexica	IIC ORIGIN? (Specify n, Puarto Rican, etc.		Black, V	American Indian, /hita, etc.
à	3 XWidowed 4 Divorced ,	IP YES, GIVE WAR OR DA	IE3		1 🗌 YES	2 X NO Specify	r.		Specify:	BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade			NT'S USUAL O			16b. KIND OF	BUSINESS/II	NDUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do No	OT use retired.)					_	
₹ P	11TH. GRADE		NURS	ES AII	E		-	E CAR		
	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Mai)	
H	NATHANIEL WOODSON 19a, INFORMANT'S NAME (Type/Print)		105 MAII	I ING ADDRES	S /Street a		RANDOLPH		Zin Code)	
임	IDA THOMAS				1100		, BROOKL			K 11208
- 1	20a. METHOD OF DISPOSITION	20b.	PLACE OF DIS			netery, crematory or			- City or Town	
	1 № Burial 2 □ Cremation 3 □ Remarks □ Donation 5 □ Other (Specify)		other place) ENEEZE	ER AME	CHU	RCH CEME!	TERY (CHARLO	TTE HA	LL, MD.
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				D ADDRESS OF FA	OILITY ARDINER F	י א כויבוואו ד	T LIOME	Dλ
	Defend A. c	Munos	-							AND 20650
	23. PART I. Enter the diseases, or s	omplications that caused	the death.							Approximate
	IMMEDIATE CAUSE (Finel								Interval Between Onset and Death	
	disease or condition resulting in death) a. Renal failure DUE TO (OR AS A CONSEQUENCE OF):									2 mos
									0	
No	Sequentially list conditions, Due to (or as a consequence of): 2 days									
ξ	cause. Enter UNDERLYING									
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST d. Lepatic failure 2° auto immure hepatitis 1/2 yr									
	PART II. Other significant condition	is contributing to deeth bu						AN AUTOPS	Y 24b. W	ERE AUTOPSY FINDINGS
SAL	PERFORMEO? AVA							VAILABLE PRIOR TO OMPLETION OF CAUSE		
		1 VES 2 XNO OF							F OEATH?	
ž							_			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 X NO	1 Inpatient 2 ER/Outpu		OA 4 🗆 Nu	rsing Hon		8 Other (Specify)			
	27. MANNER OF DEATH	(Month, Day, Year)	286	INJURY		PRK?	28d, DESCRIBE H	OW INJURY C	CCURED	
B≼	2 Accident Investigation	284 PLACE OF INJURY	— Al home fr			YES 2 NO	28f LOCATION (St	met and Numi	her or Burel Box	de Number
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, for building, atc. (Specify)					t, factory, office 28f. LOCATION (Street and Number or Rural Route Number City or Town, State)			ite itarios,	
9	29a. CERTIFIER CERTIFYING BUYES	CIAN: To the heat of my frame	adaa daath a		N d-4-	and stone and due	4- 10(-)		ded a d	
COMPLETED	CONDUM UNITY	ICIAN: To the best of my knowle ER: On the besis of examination								and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE					29c, LICENSE NUI				fonth, Day, Year)
BE	hosperan	10				T. 1	06	> 3	7/9/9	0
٩	30. NAME AND AODRESS OF PERSON WI	O COMPLETEO CAUSE OF DE	TH (ITEM 27)	(Type, Print)	4	011			11/	_
	Lisa A Corey 1	10, 4300 I	coland	Ave	12	03, Bal	Univer.	MD	2121	0
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE							





BALTIMORE, MARYLAND 21203-3146	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerofours after death. Page 6 may be retained by the hospital or attending physic
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AN:
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit it has find within 72 hours after death with the State Deor, of Health and Mental Hyolene prior to burial, oremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTEN	THE FUNERAL DIRECTOR:	MPORTANT: If Item 28 is

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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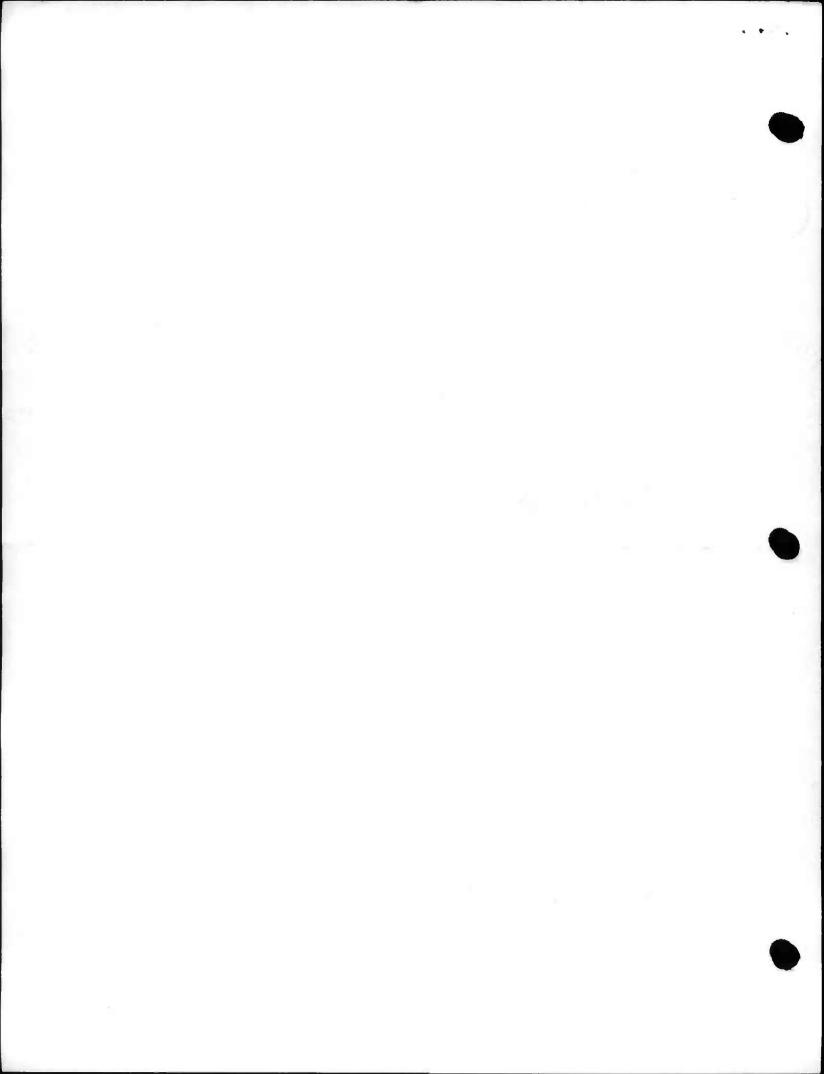
TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF N			IMENT OF H			AL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First,		- T	0 ,					TE OF DEATH	NA.	YEAR	3. TIME OF DEATN
Mary		OSEPHINE	Beit.	201	1		- 1	7 5	5	90	9:10 P M
4. BOCIAL SECURITY NUMBER 579-03-8008	BER	5. SEX	8. AGE (In yrs. last	YRS.	MONTHS DAYS	HOURE N	HRS. 7. DA	TE OF BIRTH onth, Day, Year) LY 8, 19	904	Countr	IPLACE (State or Foreign
9a. FACILITY NAME (If not in	estitution air		03	1110.	9b. CITY, TOWN O	R LOCATION		11 0, 13		NTY OF D	
HILL HAVEN					ADEL PHI		OI DEAIN				GEORGE"S
RESIDENCE OF DEC		ENG CENTER							11/1	11013	CECTAL D
10a. STATE	10b, COU			10c. CIT	Y, TOWN OR LOCAT						10d. INSIDE CITY LIMITS?
VIRGINIA	ARL	INGTON			ARLING						1 X YES 2 NO
10e. STREET AND NUMBER	OWN	770			101	22202					WHAT COUNTRY?
SOUTH 11TH	STR	_	T EVER IN U.S. ARI	MED	13 WAS DEC		HSPANIC ORI	GIN? (Specify Yes	_	I.S.P	L - American Indian,
1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1	YES 2 N	10	If yes, sp	ecify Cuben, il	dexican, Puer	to Rican, etc.)		Spec WHI	k, White, etc.
	EDENT'S E	DUCATION ade completed)	16a. DE6	CEDENT'S	USUAL OCCUPATION	ON set of working		16b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (C 12TH GRADE	0-12)	College (1-4 or 5	life	Do NOT us	CRETARY	or or working		FREN	CH EM	BASS	SY
17. FATNER'S NAME (First, M GEORGE BEITZ	STALL WAS	HEY					SAN EI	st, Middle, Malden	Surname)		
19a. INFORMANT'S NAME (ADDRESS (Street a						
DANIEL HOUC					ARLAND A			R SPRING	s, ML). 2	20901
20s, METHOD OF DISPOSIT 1 X Burial 2 Crematic 4 Donation 5 Other	on 3 \square R	emoval from State	other ple	ece)	EART CEM		ry or		CATION —		OWN, Blate ARYLAND
21. SIGNATURE OF FUNERA	DENVICE	LICENSEE	2 cher	en,	MATTI		GARDIN	VER FUNI			•
IMMEDIATE CAUSE (Fit disease Dr condition resulting in death) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY	tions,	b	(OR AS A CONSEC								
CAUSE (Disesse or Injuthat Initiated eventa resulting in death) LAS	ary	d.	(OR AS A CONSEC	QUENCE O	F):						
	5510	N				g cause giv	en In Part I	. 24a. WAS AMPERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
KI CER	EXOR	VASCULA		(NE	NI						1 YES 2 NO
KIEUM	AT		1414115								
25. WAS CASE REFERRED 1 EXAMINER?	U MEDICA	HOSPITAL:	2 2 2 4 1 2		QTHER:	LACE OF DEA					
1 YES 2 NO		1 Inpetient 2	ER/Outpetient 3	DOA 28b. TIN	4 Nursing Hor E OF 28c, IN	JURY AT	_	Other (Specify) DESCRIBE NOW	INJURY OC	CURED	
	Pending Investigati	(Month, L	Day, Year)	IN.	JURY W	YES 2 P	10				
3 Suicide 6 4 Homicide	Could not determine	building.	OF INJURY — At ho etc. (Specify)	me, farm,	street, factory, offic		281. [LOCATION (Street City or Town, State	end Numbe)	or Or Rural	Houte Number,
CONSTRUCTION OF STRUCTURE		HYSICIAN: To the best of									(e) end manner as stated.
29b. SIGNATURE AND TITLE	E OF CERT	Must	une	N	ul	29c. LICENS	500	9	29d. DA	TE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS O	J &	WHO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type		NER	-891	2NG	M	1	20904
31. DATE FILED (Month, Day,	7 '00		AR'S SIGNATURE	Rande	02						

1		FOR STATE REGISTRAI
	1. 0	ECEDENT'S N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE	JE DEAL	н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	NY.	YEAR	3. TIME OF DEATH
	JOHN	S.TEW	ART BAU	MGARD.	NER S	SR	7 9			12:20 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. leat birthday)	IF UNDER 1 YE			7. DATE OF BIRTH			LACE (State or Foreign
	219-14-7619	1 🖳 M 2 🗆 F	75 YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Dey, Year) 12-31-19	14	MAR'	YLAND
	9e. FACILITY NAME (If not institution, give etra	et end number)		9b. CITY, TO	WN OR LOCATIO	ON OF DE		9c. COUNT		
œ	University	Hognital		Da	ltimor	o Ci	4		1-	
6	University	nospitai		Da	LCHIOL	e CI	Ly	L	N/A	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION					IOd. INSIDE CITY
등	MARYLAND CARR	OLL	TANI	EYTOW	N					LIMITS?
	10e. STREET AND NUMBER				101. ZIP CODE			10a. CITIZ		IAT COUNTRY?
FUNERAL		D DOAD			100 100 100 100					
쀨	7480 BAUMGARDNE		******	140 1111	2178		10.0010110.0011	US		
립	11. MARITAL STATUS 1 □ Never Merried 2X Merried Merried Never Merried			If ye	s, specify Cubs	n, Mexicar	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	Black,	- American Indian, White, etc.
≧	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES XIXNO Specify: Specify:						CASIAN			
	15. DECEDENT'S EDUC	WWII	16a. DECEDENT'S	Hellar Occil	DATION		16b, KIND OF BUS	I I		CUDIUM
COMPLETED	(Specify only highest grade of	ompleted)	(Give kind of v	vork done durin	g most of working	g	IBB. KIND OF BO	SINESS/INDC	751RT	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)					BODIO			
N N	7th		FARME	K			AGRICU		E	
8	17. FATHER'S NAME (First, Middle, Last)				45000		ME (First, Middle, Meiden			
띪	SAMUEL JESSI	E BAUMG	ARDNER			TTIE			LO	NG
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet end Number	or Rural F	Route Number, City or Tow	n, State, Zip	Code)	
	JOHN S. BAUMGAR	DNER, JR	7480	BAUM	GARDN	ER F	ROAD TAN	EYTO	WN.	MD 21787
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Remove	cal from State	b. PLACE OF DISPOS other place)	SITION (Name	of cemetery, cren	natory or	20c. LO	CATION — C	ify or Tow	n, State
	4 Donetion 6 Other (Specify)	K	EYSVÍLL	E UNI	ON CE	METE	ERY KEY	SVIL	LE,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NA	AE AND ADDRE	SS OF FA	CILITY 136 F	CAST	BAT.	TIMORE ST
	1 / Vani ()	. dec		SKI	LES FI	INE	RAL HOME			
	23. PART I. Enter the diseases for co	uay	_							
	shock, pr heart faifure. L IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Contact (of Head					Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING		OR AS A CONSEQUENCE OF):							
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						1
E	resulting in deeth) LAST									
핑										
7	PART II. Other algnificant conditions	contributing to death	but not reaulting	In the unde	riying ceuse :	given in	Part I. 24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL							1 [X] YES			COMPLETION OF CAUSE OF DEATH?
										1 X YES 2 - NO
Σ							— (Head	Only)		
A	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF D	EATH (Ch	eck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:						
ΥS	1 X YES 2 NO	1 Inpetient 2 X ER/Ou				esidence	6 Other (Specify)			
표	27, MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year	IN-	JURY	c. INJURY AT WORK?	_	28d. DESCRIBE HOW			
BY	2 Accident Investigation	7-8-90 8:30A M 1□ YES 2 N NO Subject shot self								
	XXX Suicide 6 Could not be	Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number, City or Rown, State) 7/4/9/0 Designed and Number or Rural Route Number or Ru								
COMPLETED	4 Homicide determined		ho	me			Rd. West	minst	er.	Carroll Co
2	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedge, death occur	red at the time	, date end place	, end due	to the cause(s) end me	nner as state	ed.	MD
₹	ope)	: On the basis of examinat	ion end/or investigation	on, in my opin	lon, death occu	red at the	time, date end place, e	nd due to th	e cause(e)	end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIED	(1)			290 110	ENSE NUI	MRFR	29d DATE	FSIGNED	(Month, Day, Year)
BE	Maumo	h-04(111)			200. 210		ME		7 – 10-	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED ONLO	TENTH STEPA OF CO	Dulest)		Œ	PIC.		1-TO-	30
			, ,,,,		11 -					01001 - 1
	Margarita A. Ko	orell, M.D.	Assista	nt 1	LII Pen	n St	reet, Balt	Imore	e, ML) 21201 vl
	31. DATE FILED (MONTH Pay Your 'Q)	32. REGISTION	SHOTHERON-No.	-						



TO BE COMPLETED BY FUNERAL DIRECTOR

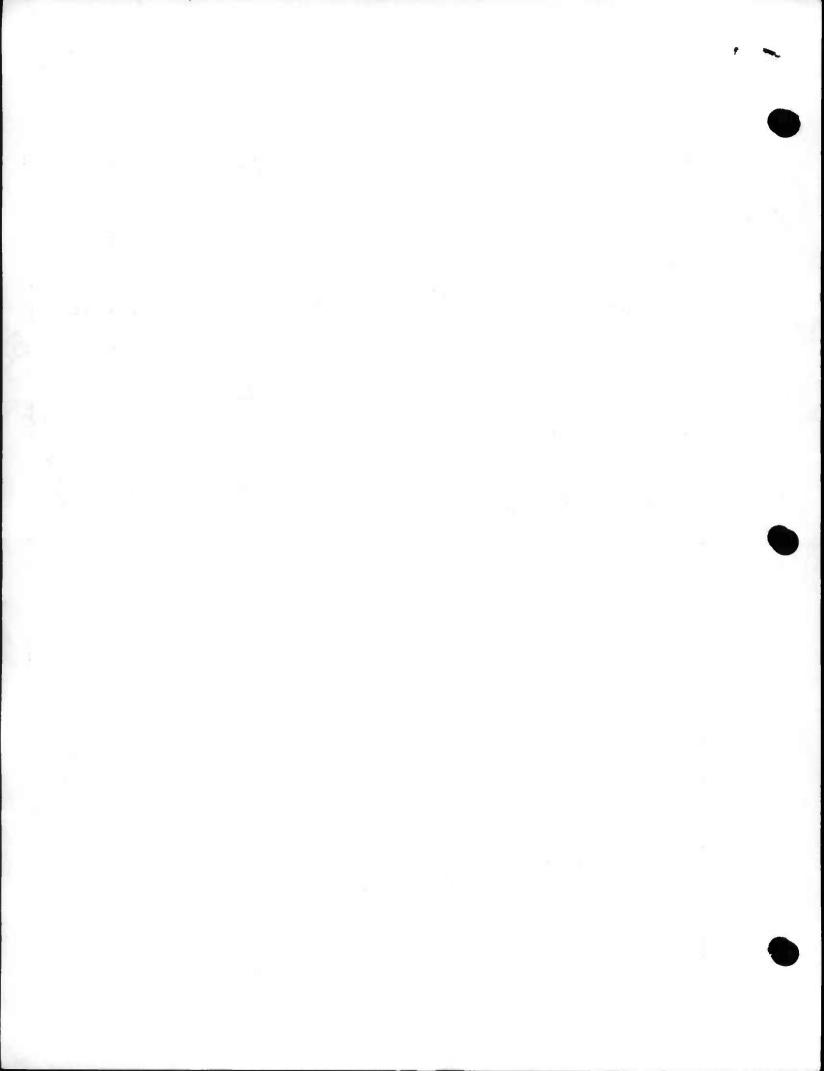
	FOR	
	STATE	
-	017112	

1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARI CERTIFI				IENTAL HYGI REG.				
1. DECEDENT'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·					2. DATE OF DEAT		YEAR 3.	. TIME OF DEAT	ГН
BETTY	ANN		BOONE			7	8	90	4:55	Рм
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rs. lest birthday)YRS.	MONTHS DAY		24 HRS. MIN.	7. DATE OF BIRTH		8. BIRTHPL Country)	ACE (State or Fo	oreign SUN
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOV	VN OR LOCATION	ON OF DE	ATA 17	9c. COU	NTY OF DEA	7	00770
Carroll County (General Hospis	stal	We	estmins	ster			Carrol	11	Į.
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			. TOWN OR LO	CATION					Od. INSIDE CITY	
	PROLL	4		MINS:	TER				LIMITS?	
100. STREET AND NUMBER	·revice		7 (0.5)	10f. ZIP CODI			10g. CIT	IZEN OF WH	AT COUNTRY?	NO
3 SCHOOL H	DUSE AVE			21	15'	7		U.S.	A	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	S. ARMED				C ORIGIN? (Specif		14. RACE -	- American Indi White, etc.	an,
1 Never Married 2 Married 3 Widowed 4 Vivorced	FORCES? 1 YES			YES 2 NO		, Puerto Rican, etc	-)	Specify:	4ITE	-
15. DECEDENT'S EDUC (Specify only highest grade		Se. DECEDENT'S U	USUAL OCCUP	PATION most of working		16b. KIND OF	BUSINESS/INI	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)	y most or worker	'W	Dre		1.17	_	
//		COO	K				TAUR	MI		
17. FATHER'S NAME (First, Middle, Last)	,	Unical		18. MOTI	HER'S NAM	AE (First, Middle, Ma	alden Surname)			
19a, INFORMANT'S NAME (Type/Print)		10UN	4000000		IN	ENOWI	V ·	- 0-4-1	2 114	- 7
DRVAID B	NE DALE	190. MAILING	ADDRESS (SIN	C HH	PP	oute Number, City o	1 PX	11/25	TMIN	1574
200, METHOD OF DISPOSITION	20b. P	LACE OF DISPOS	ITION (Name o	d cemetery, cren	natory or	200	c. LOCATION —	City or Town	n, Stata	
Buriel 2 Cremation 3 Rem	oval from Stata	1 MAC	4504	WRCH	CO	METERA	(NESTA	MWS7	EK, N	D,
21. SIGNATURE OF PUNETIAL SERVICE LIC	ENSEE	, , , , , ,	7 - 7	E AND ADDRE	SS OF FAC	CILITY	1			. 1
* Kolent &	1. Myers		91	Will	tis.	Stu	estr	11/51	tes, M	B
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DESIPRAMINE DUE TO (OR AS A C								Onset an	d Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C									
PART II. Other aignificent condition	e contributing to deeth but	not resulting i	in the under	lying ceuse	given in	PE	AS AN AUTOPSY REFORMED?	6	VERE AUTOPSY I WAILABLE PRIOF COMPLETION OF DEATH?	CAUSE
						-		1	YES 2	NO
25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF D	DEATH (Che	ick only one)				
EXAMINER? 1 X YES 2 NO	HOSPITAL:	lent 3 DOA	OTHER:			8 Other (Specify)			
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIMI		INJURY AT WORK?		28d. DESCRIBE H	<u> </u>	CCURED		
1 Netural 5 Pending 2 Accident Investigation	A. C (1970)	9.0		YES 2	Š NO Ž	SUBJEC	r inges	STED D	RUGS	
3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, atc. (Specify	- At home, farm, s	street, factory,	offica		28f. LOCATION (S City or Town,		or Rural Ro	ute Number,	
4 Homicide detarmined	UNKNOWN					UNKNOW				
CONSCIN ONLY	ICIAN: To the best of my knowled								and manner as	stated.
29b. SIGNATURE THO TITLE OF CONTIFIE				_	ENSE NUA				Month, Day, Year,	
MY	1				CME		•	7-9-9		,
30, NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Туре,	, Print)		/s 14-J					
Ann M. Dixor	1, M.D.	111 P	enn St	reet		Balti	more, l	MD 212	201	
31. DATE FILED (Month, Day, 1970)	32. EGETRATE SIGNAT	WHE Handald								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-meters after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Poe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

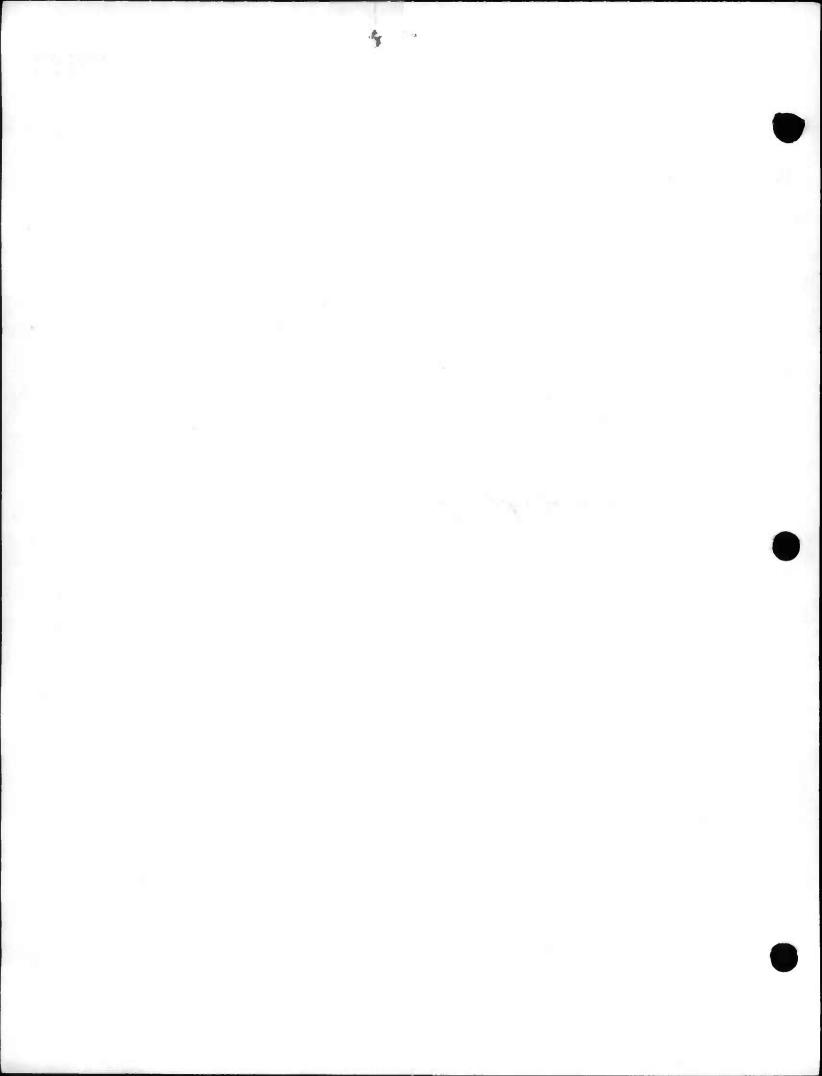


TO BE COMPLETED BY FUNERAL DIRECTOR

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F	ECTI S	12
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 froms after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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t	E	sper 1,720 gould)	
S, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	e death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	Mental Hygiene prior to burial, cremation, or removal.	incomplete transfer event the medical evaminer must be notified at once
ທົ	e dea	he att	Mente	MILES

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIENE REG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)	2 25				2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
	Constance	500 TAS	in yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS,	7. DATE OF BIRTH	90	HPLACE (State or Foreign
	083-03-0426	1 - M 2 - F		ITHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	reece
NC N	98. FACILITY NAME (If not institution, give sto HOSFORD MEMO	rial Hosp			R LOCATION OF OE		HOF FO	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	New York Que			High P				LIMITS?
	10s. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	56 Grattan St.				11040		U.S.A.	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IC ORIGIN? (Specify Year n, Puarto Rican, etc.)	or No— 14. RAC Blac Spec	
- 1	16. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S USU (Give kind of work			16b. KIND OF BUSI	I INESS/INDUSTRY	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rel	tired.)	st or working			
MP	unknown		Seamstre	ess			Factor	У
	17. FATHER'S NAME (First, Middle, Last)	onoulos				ME (First, Middle, Maiden S	Surname)	
BE	Alexander Anastos 19a. INFORMANT'S NAME (Type/Print)	Opouros	19b. MAILING ADI	DRESS (Street a	nd Number or Rural R	Constance Counte Number, City or Town	, State, Zip Gode)	
2	Alexandra Paulis		4834 0	ld Phil	idelphia	Rd., Aber	deen, M	D 21001
	20a. METHOD OF DISPOSITION 1	oval from State	PLACE OF DISPOSITION other place)				eneth. N	
	21. SIGNATURE OF FUNERAL SERVICE LICE		9.	22. NAME AN	hell-Smi	th Funeral	Home	ace. MD 21078
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on a	the death. Do not	enter tha mo	da of dying, suci	ee cardiac or reapir	ratory srrest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Carfi	monga	my	Au	eA .		Interval Between Onset end Death
		DUE TO (OR AS A	CONSEQUENCE OF):	0	metat	Johi		
S	Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):		1	10	-	Bever
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	carcin	une is	trong	1 rus	people		/10
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	· W	/	V	/	days
CERTIFICATION		1						i /
AL	PART II. Other eignificant condition	e contributing to death b	ut not resulting in y	ne underlyln	cause given in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	- Atm	2delle	Hear	bre	Lace	1 YES 2	EI-HO	COMPLETION OF CAUSE OF GEATH?
M	L' CM	Shirt His	er jac	SIP	CILA	.	- 1	1 TES 2 AND
IAN	25. WAS CASE REFERRED TO MEDICAL	acreg a		26. PI	ACE OF OEATH (Ch	eck only one)		
Sic	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: 1 Inputlant 2 ER/Outp		THER:	e 5 🗆 Residence	8 Other (Specify)		
E	27. MANNER OF OEATH	28a. DATE OF INDURY (Month, Day, Year)	28b. TIME O	WC	RK?	28d. OEŞCRIBE HOW IN	NJURY OCCUREO	
BY	Natural 5 Pending 2 Accident Investigation	OR - DI ACE OF IN SUM	— At home, faces, ptres		rES 2 NO			LOcate Manhar
TED	3 Suicide 8 Could not be determined	building, atc. (Spec	city)	77		281. LOCATION (Street a City or Town, State)	ing number or nure	Houte Number,
COMPLETED	anel -	CIAN: To the best of my know R: On the besie of examination						(a) end manner ea stated.
BE C	29b. SIGNATURE AND TITLE OF CEPTIFIES				29c. LICENSE NUM	ABER	29d. DATE SIGNE	(Month, Day, Year)
TO B	Why				1119	183	7	9190
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)	8 lang	st. H	l r	1001
	31. DATE FILED (Month, Day, Year)	Julia Davidson		; -,				



FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICALE	UF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Betty L. Bailey							2. DA	TE OF DEATH	199	OYEAR	3. TIME OF DEATH 3:53 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH			PLACE (State or Foreign
	218-20-7986	1 □ M 2 X X	62	YRS.	MONTHS	DAYS	HOURS MIN.		onth, Day, Year) 1-29-15			ryland
_	96. FACILITY NAME (If not institution, give si	treet and number)					OR LOCATION OF I	HTASC			INTY OF D	
CTOF	Beers Head Cente				oury			Wi	comi			
2	10⊕. STATE 10Ь. COUNTY	, icomico		10c. CIT	Y, TOWH O							10d, INSIDE CITY LIMITS?
		100111100			291		oury					1 YES 2 NO
FUNERAL DIRECTOR	106. STREET AND NUMBER 105 Beinjamin Ave.					10	21801				U.S.	A.
BY FUN					H	yes, sp	CENDENT OF HISPA ecify Cuben, Mexic 2 TNO Spec	can, Puer		or No—	14. RACE Black Speci	E — Americen Indien, c, White, etc. Hy: White
	15. DECEDENT'S EDU		16s	. DECEDENT'S	USUAL OC	CUPATION	ON		16b. KIND OF BUS	SINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	+)	(Give kind of a life. Do NOT us	work done d se retired.)	furing mo	ost of working					
립	12			Sec	reta	ary			U.S.	Pos	tal	Service
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	IAME (Fire	st, Middle, Maiden	Sumame)		
BE	Raymond		Dris	coll			Ruth	1		S	hock	ley
10 8	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street	and Number or Rura	l Route N				34646
F	Brenda Jeffc	oat		8340	144	th	Lane N	ort	h S∈	emin	ole,	Florida
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from State	othe	ACE OF DISPOS or place)	SITION (Na	ma of ce	metery, cremetory or	•			- City or To	
	4 Donation 5 Other (Specify)	tombmen	t Wi	comic			rial Pa		Sa	alis	bury	, MD
	21. SIGNATURE OF FUNERAL SERVICE LIK	Drus	ude	,			ds Fune		. Home	Sa	list	oury, MD
	23. DART i. Entar the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Multip	use on aach	ilna.		tha mo	oda of dying, au	ich as c	cardiac or reapi	iratory a	rrest,	Approximeta interval Batween Onset and Daeth 6 Yrs.
EDICAL CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A COM									
2	PART li. Other significant condition	ns contributing to	desth but n	ot reauiting	in tha un	darlyin	g cause given i	n Part i			246	WERE AUTOPSY FINDINGS
									PERFOR		, , ,	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					28 D	LACE OF OEATH (Chack ont	h one)			
200	EXAMINER?	HOSPITAL:	E9/Ordenst-	2 nn4	OTHER	1 :						
PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF	INJURY	28b. TIN		28c. IN.	JURY AT ORK? YES 2 NO		OESCRIBE HOW I	NJURY O	CCUREO	
red BY	1						Route Number,					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE											s) end menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R		и -	0		29c. LICENSE N			29d. OA	TE SIGNED	(Month, Day, Year)
	your of	Heray		M.	T)		D1600	3			7-5	- 1990
5	Dr. In Ja Hwang P.					2180	12					
101	Dr. In Ja Hwang P. 31. DITE FILED (Morth Oak, Year) JUL 0 5 90	32. REGISTR	AR'S SIGNATUR	RE	,							
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DESCRIPTION OF REPORT AND ADDRESS.

-	FOR STATE REGISTRAR
	HEGISTHAN

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF M				F HEALTH AND OF DEATH	MEN	ITAL HYGIENI REG. NO.	E		2 12 0 1	28
. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
FLORENCE J		YER							1990	7 447 11 1	8:00 A	. M
I. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR MONTHS DAYS						Month, Day, Year)		Counti		e/gn		
221-09-431		1 M 2 X F	79	YRS.				-23-1911		De.		
Old Landir				98		wn or Location of an City	DEATH			cest		
RESIDENCE OF DEC	EDENT								WOL	LEST	E1	
oo. state Delaware				-						10d. INSIDE CITY LIMITS? 1 YES 2	NO	
213 E. Mark	cet St				_	101. ZIP CODE 19956				S. A	what country?	
11. MARITAL STATUS Never Married 2 Merried Merrie			ARMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, apacify Cuban, Moxican, Puerto Rican, etc.) 1 YES 22 NO Specify: Specify:			E — American Indie k, White, etc. '''': White	n,				
	EDENT'S EDU		16a.	DECEDENT'S US		PATION ng most of working		16b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (College (1-4 or 5+		usewife	tired.)	ig mod or wellary		Home				
7. FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S	NAME (First, Middle, Malden	Surname)			
William Hol	lland	Cooper				Flore	nce	S. Coop	er			
19a. INFORMANT'S NAME (treet end Number or Rur					_	
Judith Russ				10 Hofs				nlawn, N				
toe. METHOD OF DISPOSIT Burlet 2 Commette Donetion 6 Other	on 3 🗆 Ren	noval from State	othe	r place)	re C	of cometery, cremetory or rematoriu	m	Geo	rget	OWN,	DE	
Nille	SERVICE LI	M. Il	M			rt-Windso 678 La		isharoon 1, DE 19		eral	Home	
23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List only one cau	sá on each l	ina.		e left m					Approximatinterval Be Onset and	etween
Sequentially list condition of the condi	diate ING Iry	c		SEQUENCE OF):	itiv.	e left m	aste	ectomy	6/2	1/90		
resulting in death) LAS	T L	d										
PART II. Other algnific	ent conditio	ns contributing to	death but n	ot resulting in	the unde	riying cause given	In Pari	t I. 24a. WAS AN PERFOI	RMED?	24	b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF C OF DEATH?	TO
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			THER:	26. PLACE OF DEATH	(Check o	only one)				
1 TYES 2 NO		1 Inpatient 2		3 DOA 4	☐ Nursing	Home 5 Residen	_					
1 Natural 5 2 Accident	Pending Investigation	26a. DATE OF (Month, D		286, TIME C	Y	IC. INJURY AT WORK?	28	d. DEŞCRIBE HOW I	INJURY O	CURED		
e - Culate	Could not be determined	28e. PLACE O building,	F INJURY — A etc. (Specify)	t home, ferm, stre	et, factory	, office	26	I. LOCATION (Street City or Town, State)	and Numb	er or Rural	Route Number,	
CONSUM OFFIN	4 1 1000					e, date end place, end alon, death occured at					(e) end manner ee s	tated.
SIGNATURE AND TITL	E OF CERTIFIE	5. Sadle	2,7	lu.D.		29c. LICENSE	NUMBE	- 0	29d. DA	TE SIGNE	D (Month, Day, Year)	
30. NAME AND ADDRESS C	F PERSON W	HD COMPLETED CAUS	E OF DEATH	ITEM 27) (Type, Pr	int)	1			/	-/1		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20 years after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

William P.

Sadler, M.D. 1300 S. Division Street 32. BEGISTRAR'S SIGNATURE

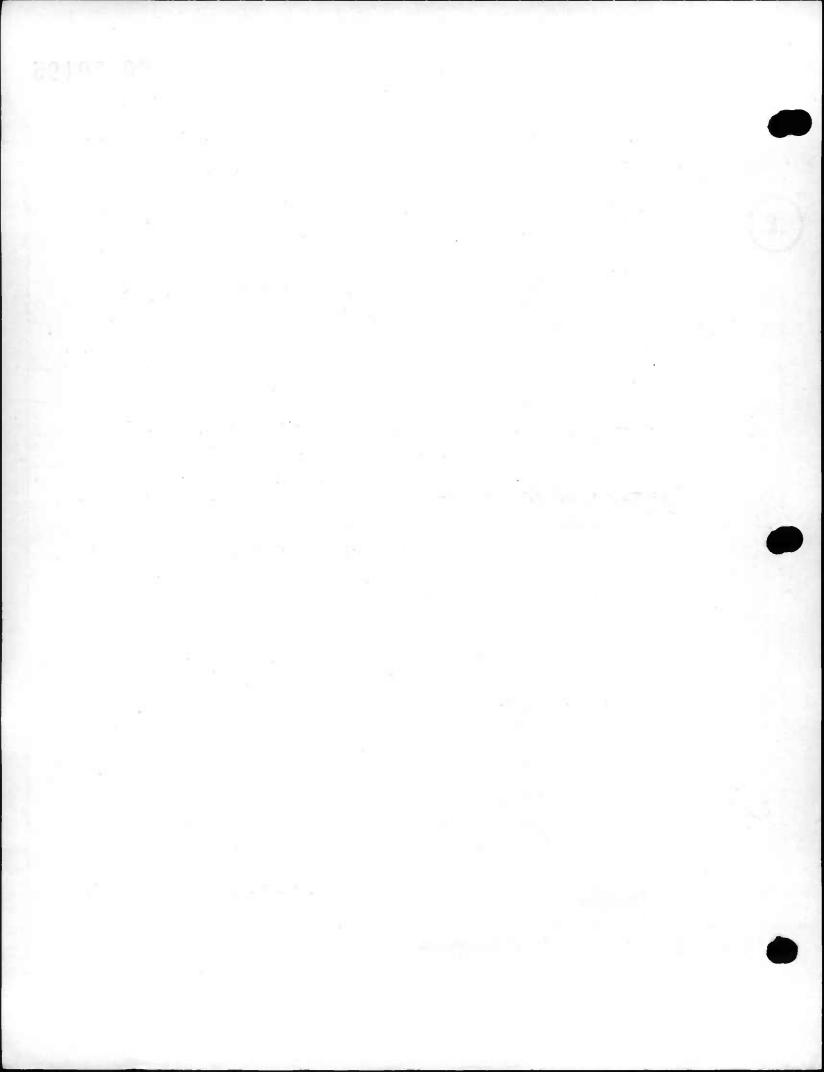
Salisbury, MD 21801

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIF	CATE OF	DEATH	RE	G. NO.			
1.	DECEDENT'S NAME (First, Middle, Last)					2. OATE OF D	EATH		3. TIME OF OEA	TH
	TICHON	војко				JULY 4	4. 1990	YEAR	9:45	ам
1	SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	a. BIRTI	HPLACE (State or Fi	
	217-30-7658	1 XM 2 F	82 YRS.	MONTHS DAYS	HOURS MIN.		1,1908		AINE	
	RT 3, BOX 17N	street end number)			OR LOCATION OF DE			MERS		
	00. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	Y
		ÆRSET	P	RINCESS					1 YES 2X	NO
FUNEHAL	RT 3, BOX 17N			.10	21853		10g. CI		SA	
n 3	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DI		S 2 X NO	2 X NO If yee, specily Cubar		OF HISPANIC ORIGIN? (Specify Yee or No— an, Maxican, Puerto Rican, atc.) Specify:			I4. RACE — American Indian, Black, While, atc. Specify: WHITE	
3	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S			16b. KIND	OF BUSINESS/IP	DUSTRY		
COMPLEIED	(Specify only highest grade Elementary/Secondary (0-12) NONE	College (1-4 or 5+)	life. Do NOT us		lost of working		ODCHADI	0.0		
E	7. FATHER'S NAME (First, Middle, Last)	NONE	LABO	KEK			ORCHARI			
		IOLIN			16. MOTHER'S NA	,	Maiden Surname)			
H -	UNKI 9a. INFORMANT'S NAME (Type/Print)	NOWN		ADDRESS (Or			NOWN			
0		DDEEND			and Number or Rural				2	
	EWHENIA KULYNYCZ-		R1 3		7N, PRINC		NE, MD	2185		
1	0a. METHOD OF DISPOSITION 7/7 X Burlal 2 □ Cremation 3 □ Ren □ Donation 6 □ Other (Specify)	noval from Stata	WICOMICO	MEMORIA	L PARK		SALISI			
2	1. SIGNATURE OF FUNERAL SERVICE L	cones			ND ADDRESS OF FA OWAY FUNE SNOW HILL				21801	
IFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	c	S A CONSEQUENCE OF	F):	J		2			
T F	PART II. Other significant condition	Le Le Le Le Le Le Le Le Le Le Le Le Le L	look 1	in the underlying	ng cause given in		WAS AN AUTOPS' PERFORMED? YES 2 NO	7 241	b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
2 In the second	S. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (Ch	neck only one)				
2	EXAMINER? 1 Tes 2 Tho	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 12 DOA	OTHER:	me 5 🗆 Rasidenca	6 C Other (Sne	ic(fv)			
2	7. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJUF (Month, Day, Yea	Y 286. TIM	E OF 26c. IN	JURY AT ORK? YES 2 NO		E HOW INJURY O	CCURED		
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, atc. (S	PRY — Al home, farm, specify)	street, factory, off	ice	28I, LOCATION City or Tox	(Street and Numb vn, State)	er or Rural	Floute Number,	
2 COMPTE	one)	ER: On the best of my kn							(a) and manner as	stated.
	96. SIGNATURE AND TITLE OF CERTIFIE	Lean M	ž		DOZ	MBER	29d. D/	ATE SIGNE	(Month, Day, Year))
	JOHN G. GREEN, LO						1		1	
~ 1	1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE							
	JUL 06'90	getia Davidson	Hardista							



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. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us		once.
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5 should		notified
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funeral of		is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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icate	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item
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		CERTIFICAL	E OF DEATH	REG. No	0.	1
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH		EAR 3. TIME OF DEATH
	muelt Brooks		ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN	04 9	0 1827 BIRTNPLACE (State or Fore
229-32-8453	1XXM 2 □ F 60	YRS. MONTH	7	(Month, Day, Year) 3-14-3		Country)
De. FACILITY NAME (If not institution, give stre			TY, TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH
Peninsula G	eneral Hosp	ital	Salisbury	r	Wi	comico
10a. STATE # 10b. COUNTY	esmico	DEL	OR LOCATION			10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	,,	71	101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
TOB 265	HARRISON	Kd.	21811	,		UIS.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	ARMED 1:	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 HO Spec	an, Puerto Rican, alc.)	ea or No 14	. RACE — American Indian Black, White, etc. Specify: Black
15. DECEDENT'S EDUCA	ATION 16a.	DECEDENT'S USUAL	OCCUPATION	185 KIND OF B	USINESS/INDUS	DICK
(Specify only highest grade of Elementary/Secondary (0(2))	College (1-4 or 5+)	(Give kind of work don life, Do NOT use retired	ne during most of working		& SCA	
17. FAT HAN B HAME AND Middle, Last	mes		18. MOTHER'S N	AME (First, Middle, Maide	Surnagle)	2
19a. INFO(MATTS MANE (Type/Print)		JOE MAILING ADDRE	SS (Street and Number at 1)	Number Sty or Is	wn State, Zip Co	ode)
court CR	020	780 260	HALL 156	N TO L	SELLI	N, md, 218
20e. METHOD OF DISPOSITION 1 Donat 2 Cromation 3 Removed Donation 5 Other (Specify)	val from State	CE OF DISPOSITION (Name of cometery cremetory or	200	DBRU	or Town, State
H. SIGNATURE OF PUNERAL SERVICE LICE	NOTE A	T .				
· Quell	-fool		2. NAME AND ADDRESS OF F	2/14 7	8 15	74 mo
23. PART I. Enter the diseases, or co	omplications that caused tha	death. Do not ant	forke !	7/4 3	B 5 Alise piratory arres	
shock, or haart fallure. Li IMMEDIATE CAUSE (Final disease or condition	omplications that caused tha list only one cause on each i	death, Dp npt antine.	Forke ger tha moda of dying, and	th as cardisc or res		200.4
shock, or haart fallure. Li IMMEDIATE CAUSE (Final disease or condition	omplications that caused tha list only one cause on each i	death. Do not ant	forke !	th as cardisc or res		t, Approximat
shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate	omplications that caused tha lat only one cause on each l	death. Do not ant ine. erotic SEQUENCE OF):	Forke ger tha moda of dying, and	th as cardisc or res		t, Approximat
shock, or heart failure. LiMMEDIATE CAUSE (Final disease or opndition resulting in death)	omplications that caused that last only one cause on each I Arteriosci Due to (or as a con	death, Do not ant ine. erotic sequence of:	Forke ger tha moda of dying, and	th as cardisc or res		t, Approximat
shock, or heart failure. LimmeDiATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	omplications that caused tha list only one cause on each i	death, Do not ant ine. erotic sequence of:	Forke ger tha moda of dying, and	th as cardisc or res		t, Approximat
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shock, br heart failure. L IMMEDIATE CAUSE (Final disease or conditions, resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Chronic Con Chronic Con 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A CONDUE TO (OR AS	death. Do not ant ine. Protic SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Of resulting in the Lrt Fail 28b. Time 07 M 4 0 N 28b. Time 07 M 4 0 N M	underlying cause given in UTC 28. PLACE OF DEATH (C ER: unsing Home 8 - Residence 28c. INJURY AT WORK? 1 - YES 2 - NO	n Part I. 24a. WAS A PERFI	ease IN AUTOPSY DRMED? 2 1 NO	24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CATH? 1 YES 2 No.
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shock, br heart failure. L IMMEDIATE CAUSE (Final disease or conditions, resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions Chronic Col 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. VES 2 NO 27. MANNER OF DEATH 1. Netural 5 Pending 1. Netural 5 Pending 2. Accident Investigation 3 Suicide 8 Could not be 4 Homicide CERTIFFIER (Check only) 1 CERTIFFIER 1 CERT	DUE TO (OR AS A CONDUE TO (OR AS	death. Do not ant ine. Protic SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): Ot resulting in the Lrt Fail 28b. TIME OF INJURY M thome, farm, street, fi	underlying cause given in UPC 28. PLACE OF DEATH (CER: tursing Home 8 Residence 28c. INJURY AT 1 YES 2 NO actory, office	n Part I. 24a. WAS A PERFI. 1 YES Theck only one) 28d. DESCRIBE HOW City or Rown, State at the cause(a) and re-	IN AUTOPSY DRIMED? 2 A NO I INJURY OCCUP It and Number or	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION DF CA OF DEATH? 1 YES 2 No.

108 Pine Bluff Road, Salisbury.

Bulkeley, M.D. 108

John T.

31. DATE FILED (Month, Day, Year)

JUL 0 9 90

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 229, us after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		TOF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MASON	M.C.	BURRE	44	2. DATE OF DEATH DAY YOU SO 199	S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214 - 70-50 21	5. SEX 8. AGI	E (In yrs. lest birthday) IF UNIT YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. B DAY'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)		
TOR	9e. FACILITY NAME (ti not institution, give str	eet and number)	96.0	TY, TOWN OR LOCATION OF D		OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY	icomic	O SALS	NOR LOCATION /		10d. INSIDE CITY LIMITSO 1 YES 2 \(\square\) NO		
FUNERAL	HOLE STREET AND SUMBER	2291.	Salisbak	7	0/ u	of what country?		
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 1	Hyes, specify Cuben, Mario 1 YES 2 D.NO Speci	an, Puerto Rican, etc.)	. RACE — American Indian, Black, White, atc. Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (€-12)		Iffe. Do NOT use retired	ne during most of working	166. KIND OF BUSINESS/INDUS	Poulle.		
BE CO	MASON MI	Bullel	(MOTHER'S N	AME (First, Middle, Menday Samura	RRECL		
10	MOTHEL		THE STATE OF THE	2.2291	SA/15bu Ry	1 Mdi 21801		
	20s. MEPRICO OF DISPOSITION 1 Gurial 2 EL Cremetion 3 Gramo 4 Gueration 5 Gother (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	rval from State	PLACE OF DISPOSITION	Name of cartillary, crematory or C UMR C	EM. WEtiple	acin md		
(· Dusull	-Sal	-	Locken.	Erneral Lon	HIS IST E Suc		
	23. PART I. Enter the diseases, or cahock, or heart failure. I	list only one cause on	eed the death. Do not en	er the mode of dying, su	ch as cardiac or respiratory arres	t, Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
L CER	PART II. Other significant conditions	s contributing to death	but not resulting in the	underfylng cause given ir	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY PRIDINGS		
MEDICA	(A) Secretary and the secretar				1 YES 3 NO	AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERTY	HOSPITAL :	Loru	26. PLACE OF DEATH (C	theck anly ane)			
BY PHYSICIAN: MEDIC	1 ☐ YES 2 ☐ NO 27. MANNER OF DEATH Weighten 5 ☐ Pending	1 Inpetient 2 EPVO 28s. DATE OF INJUR (Month, Day, Year	Y 28b. TIME OF	Sec. INJURY AT WORK?	8 C Other (Specify) 28d. DESCRIBE HOW INJURY OCCUP	MED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	RY — At home, farm, atreet, pecify)		28f. LOCATION (Street and Number or City or Town, State)	LOCATION (Street and Number or Hurel Route Number, City or Town, Stets)		
COMPLETED	anal dist	The second secon			to the cause(a) and manner as stated be time, data and piece, and due to the o			
BE	296. SIGNATURE AND TITLE OF PERTIFIER	IP. Tra	- AMD	29c, LICENSE N	JMBER 29d. DATE 8 576 ▶ 6	BIGNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	AVIT Z		eside De. S	disbucy mds		
3	31. DATE FIJER (MONT). 201/190	32 AERISTRATS.S	GNATURE AND AND AND AND AND AND AND AND AND AND					

Pages 1, 2, 3 should

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death, Page 6 may be retained by the hospits	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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90 20198 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR June 29. 1990 7:00 MAYWOOD LTLLTAN BALL 7. DATE OF BIRTH (Month, Day, Year) A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. HOURS DAYS JULY 24, 1 M 2 F 70 1919 VIRGINIA 230-22-1189 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Mary's Hospital Leonardtown St. Mary's 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ST. MARY'S ST. INIGOES 1 TES 2 NO 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE ROUTE 5 20684 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOMEMAKER 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RUFUS WELLS LARA PUGH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SWOPE A. BALL RT. #5, ST. INIGOES, MARYLAND 20684 20a. METHOD OF DISPOSITION

1 □ Burlai 2 □ Cremation 3 □ Re

4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State al from State MT. ZION UNITED METHODIST ST. INIGOES, MARYLAND 22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME P.O. BOX 279, LEONARDTOWN, MD. d be death. Do not anter the mode of dying, such as cardiac or respiratory arrest, both line. Approximata 23. PART I. Enter the diseases, or complications that cause shock, or heert failure. List only one cause on intervai Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ CARDIO RESP FALLURE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) 5 ub Euclo MI CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Hypertermion Accelerated
DUE TO (OR AS A CONSEQUENCE OF): Renal killure resulting in death) LAST chronit PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATHS 1 - YES 2 - NO NIA PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO lent 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 - Residence 6 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Netural 2 Accident 5 Pending investige 1 YES 2 NO BY 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred et the time, data and place, and due to the cause(a) and manner as stated.

on and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

Leonardtown, Md. 20650

29c. LICENSE NUMBER

33470

32. REGISTRAR'S SIGNATURE lia Saindron-Randell

D.

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

B. Thervi, M.D.

2 MEDICAL EXAMINER: On the

WHO CO

29b. SIGNATURE AND TITLE OF CERTIFIER

2 '90

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

90

nous after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s or removal. medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degt. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

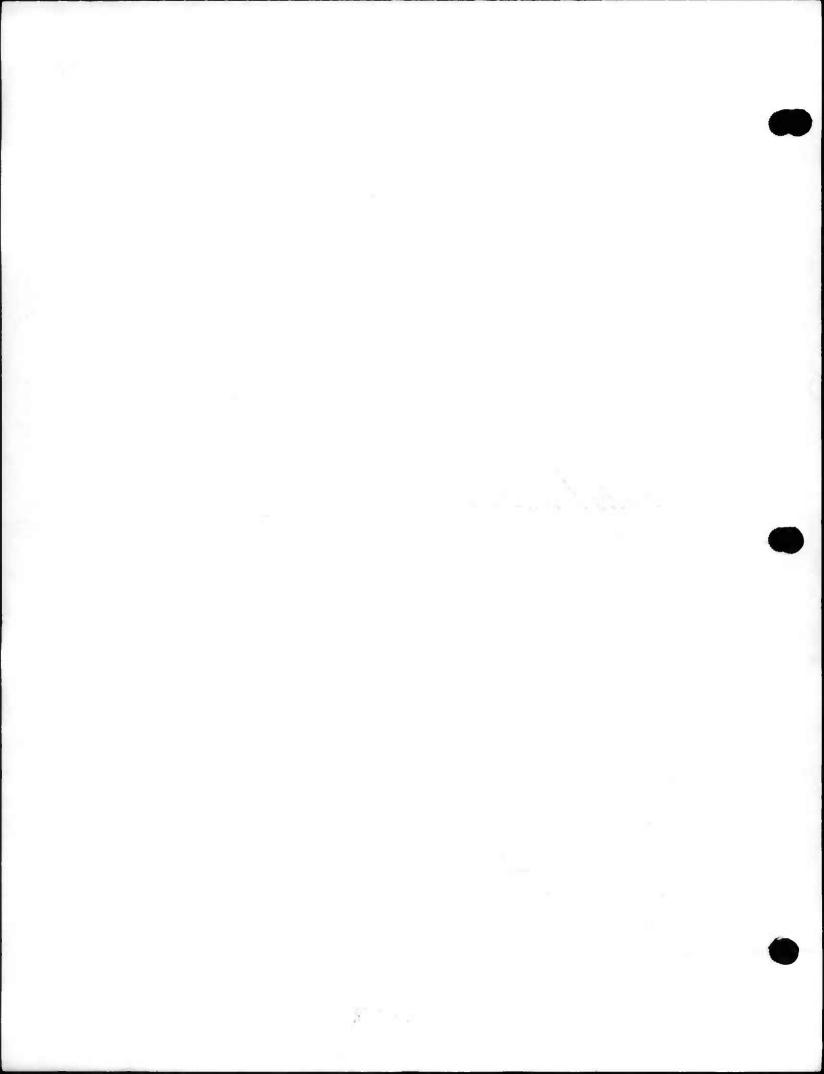
STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFICATE	0	F DEAT	TH		REG.	NO.

FOR STATE REGISTRAR	ST	ATE OF MARYL	AND / DEPART				HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, IN REGINA	fiddle, Last)	BUND	VKAMA	RA		2. DATE OF MONTH	DAY	YEAR	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 290-38-59	78 10	M 2 F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ay, Year) 05-29	8. BIRTHPLA Country)	CE (State or Foreign	
98. FACILITY NAME (If not inst	ROSS +	HOSPITA			R LOCATION OF DE			NTY OF DEAT		
)	10b. COUNTY	UT CO.	TOWN OR LOCAT	on ver Spr		10d. INSIDE CITY LIMITS? 1 M'YES 2 □ NO				
10. STREET AND NUMBER 1070 4 11. MARRITAL STATUS	FRANC	S DR		10f	ZIP CODE	07	-	U.S.A.		
3 Widowed 4 Divorce	larried F6	AS DECEDENT EVER II DRCES? 1 1 YES YES, GIVE WAR OR D	2 K NO		ENDENT OF HISPAN Icity Cuban, Maxican 2 NO Specify	n, Puerto Rica		14. RACE — Black, W Specify:	American Indian, hits, stc.	
	DENT'S EDUCATION highest grade comple 2) Colle	ted) age (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use Nurse	rk done during mo retired.)		16b, KJ	Nursing			
17, FATHER'S NAME (First, Mid	die, Last)		Nul se		18. MOTHER'S NAI	ME (First, Mick	dia, Maiden Surname)			
	· '	Thompson					Modupe	Cole		
Jabez 19a. INFORMANT'S NAME (Tyr. MAS ES					nd Number or Flural F	Toute Number,	City or Town, State, Z	p Code)	20902	
20s. METHOD OF DISPOSITION 1 □ Buriel 2 ※ Cremetion		om State	o. PLACE OF DISPOSIT				20c. LOCATION -			
4 Donation 5 Other (A Con	Chambe	_	matory D ADDRESS OF FAC	CII ITV	Riverd			
Thomas	S. C.	ranken		9241		W.	.W.Chambe		Inc. ng, MD. 209	
iMMEDIATE CAUSE (Final disease or condition resulting in death)			P ADEA A CONSEQUENCE OF):	JO CALC	Nom A	-			Interval Between Onset and Death S Mon Kus	
If any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur that initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significan			out not resulting in			d	Na. WAS AN AUTOPSY PERFORMED?	AM CC DF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	но	SPITAL:		OTHER:	ACE OF DEATH (Ch		Specify)			
27. MANNER OF DEATH 1 Netural 5 F 2 Accident		28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ			RIBE HOW INJURY O	CCURED		
3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOC							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29s. CERTIFIER (Check only one) 2 MEDIC			viedge, death occurred on and/or investigation,						nd menner as stated.	
296. SIGNATURE AND TITLE	18av				D 213			TE SIGNED (M		
RA	YMONO	PLETED CAUSE OF DE	3941 (ITEM 27) (Type, F	Fevra	19 Q	W	heaton 2	20906	5	
31. DATE FILED (Month, Day,)	90	92. MEGISTRAM'S SIGN Julia Davidse	NATURE PANDARE							

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTED be filed within 72 hours at IMPORTANT: If Item 21

fler death. Page 6 may be retained by the hospital or attending physician.	impletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		t be notified at once.
SICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6	certificate has been signed by the attending physician and completely filled in by the funeral directi	I the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner my
ATTENDING PA	CTOR: After the	after death w	28 is mark

	FOR STATE REGISTRAR	STATE OF MAR			F HEALTH AND	MENTA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Barre	The same of the sa	NES		MONT	of DEATH DAY	1990		
	4. SOCIAL SECURITY NUMBER 577-14-9435	5. SEX 1 X M 2 F	GE (in yrs. leat birthday) 80 YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	(Mont	OF BIRTH th, Day, Year) -28-10	8. BIRTHPLACE (State or Foreign Country) Virginia		
OR	9a. FACILITY NAME (If not institution, give 15311 Blackburn				own or location of tonsville		9c. COUNTY Monte	of DEATH COME TY		
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CI	Y, TOWN OR	LOCATION			10d. INSIDE CITY		
PIO	Maryland Mont	gomery	Ві	rtons	ville		1 X YES 2 NO			
FUNERAL DIRECTOR	100. STREET AND NUMBER 15311 Blackburn	D.J			101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
NE I	11, MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13, WA	20866 S DECENDENT OF HISP	ANIC ORIGI	N? (Specify Year)	USA a or No- 14. RACE — American Indian.		
B	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 📉	YES 2 NO	If y	es, specify Cuban, Mexi YES 2 NO Spe	ican, Puerto			Black, White, atc. Specify: White	
	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S	work done duri	JPATION ing most of working	16	b. KIND OF BUSI	NESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Carpe				Cornin	g Cons	truction Co.	
ŏ.	17. FATHER'S NAME (First, Middle, Last)		1		18. MOTHER'S	NAME (First,	Middle, Maiden S			
BE	John P. Barne	s				y Dal				
2	19a. INFORMANT'S NAME (Type/Print) Patricia A. Bar	mag	CONTRACTOR OF THE PARTY OF THE		Street and Number or Run				Tr.	
	20a, METHOD OF DISPOSITION		20b. PLACE OF DISPO		of cometery, crematory				or Town, State	
	1 X Burial 2 Cremation 3 Ran 4 Donation 8 Doner (Specify)	$ \lambda$	Union Ce	metery	7		Bur	tonsvi	.11e, MD	
	21. SIGNATURE OF POPERAL SERVICE L	Vinal	/.	H-	me and address of ines/Rinal 1800 New H	di Fi	neral l	Home,	Inc. Iver Spring,MD	
	23. PART I. Enter the disease, or shock, of heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse	as a consequence	ani	,	uch as ce	rdiec or respir	etory errest	Approximate Interval Between Onget and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
AL C	PART ii. Other significent condition	ns contributing to des	th but not resulting	suiting in the underlying cause given in Part i.				AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC.							1 YES 2	100	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10-1-10-1 2 D DOS	OTHER:	26. PLACE OF OEATH					
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER	URY 28b. TI		BC. INJURY AT WORK?	· · · · · · ·	er (Specify) ESCRIBE HOW IN	JURY OCCUR	NEO	
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day,)	ear) tr	M	1 YES 2 NO					
1 2011. PLACE OF INJURY — At HOME, TERM, EXCOPP, OTHER 1 2011, LOCATION (Street and Number of F								Rural Route Number,		
COMPLETED	(Oracon oray)	SICIAN: To the best of my IER: On the basis of exami							ause(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF COMPLETE	WLVA	om	0	29c. LICENSE	NUMBER 338	6	29d. DATE S	IGNED (Month, Day, Velus)	
-	30. NAME AND ADDRESS OF PERSON M	Mypo	1811	pe, Print)	Ne 1	2-14	Dr.	0)1	y, mo	
	JUL 1 1 '90	Julia Dav							DHMH-18 Rev 1/89	



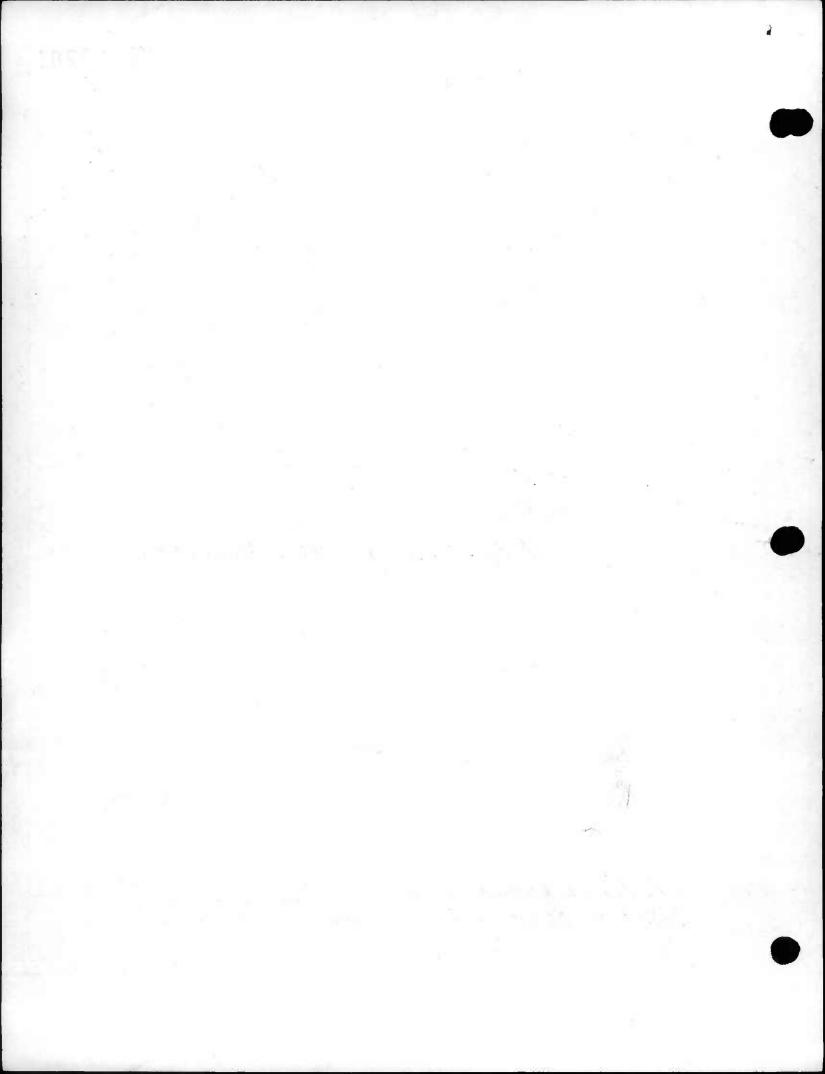
DHMH-16 Rev 1/89

FOR STATE REGISTRAR

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death
5	OR
	OSPITAL

	Gorden	W.		ockhau	s			July	DAY 5	199	EAR	2:20 P
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	rs. last birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.	7. DATE O	F BIRTH Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreign
	476-48-8421 9a. FACILITY NAME (If not institution, give	1 M 2 D F	83	YRS.					3,1906		innes	
СТОВ	Randolph Hills I	Nursing Ho	ome			aton	ATION OF DI	EATH	90		OF DEATH	
DIREC	10e. STATE 10b. COUR			10c. Cl	Rock	ville						I. INSIDE CITY LIMITS? YES 2 NO
RAL	104. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT C										COUNTRY?	
Ä	11809 Timber Lar						20852			USA		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	11	MS DECENDEN yes, specify Co	iben, Mexico	en, Puerto Ri	(Specify Yea or I can, atc.)		RACE — Black, WI Specify: hite	American Indien, hite, etc.
8	15. DECEDENT'S EI (Specify only highest gra		16	a. DECEDENT'S				16b. I	CIND OF BUSINE			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT	work done d	uring most of wo	nang					
COMPL		1	1	Mail H	andle:	r		Fee	deral G	over	nment	
8	17. FATHER'S NAME (First, Middle, Last)							-	ddle, Maiden Sum	ieme)		
BE	Edward C. Bockhaus Augusta Schultz											
2	19h, MAILING ADDRESS (Street and Number or Burn) Boute Number City or Town, State Zin Code)											0050
	200. METHOD OF DISPOSITION	ius (brot				er Lane		CKV11.	Le, Mar			
	1 Buriel 2 Cremation 3 Re	moval from State	oth	her place)		n Cemet				1100		Maryland
	21. SUGNATURE OF EUMERAL SERVICE	Lichests /	July	//	22.1	AME AND ADD	RESS OF FA	ACILITY	-			
	14. W	11	. /						Funera			Inc. Md. 2090
CERTIFICATION	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CO	ONSEQUENCE (OF):							
: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying						Ing cause given in Part I. 24e. WAS AN PERFOR 1 YES 2			0?	AM CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			- CTUE	20, PLACE O	F DEATH (C)	heck only one)			
YSI	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatie	m 3 🗆 DOA	4 Hum	Ing Home 5	Residence	8 🗆 Other	(Specify)			
ВУ РН	27. MANNER OF DEATH 1 Wiltural 5 Pending 2 Accident Investigation	n	Day, Year)		IJURY M	28c. INJURY AT WORK?		28d. DESC	RIBE HOW INJU	RY OCCUP	RED	
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LCCATION (Street and Number or Rural Floute Number of Town, State)								Number,			
COMPLE	one) —	YSICIAN: To the best of										d manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF SERTIN	ellar	ed.	4.D.		29c. (O 9	834	29	d. DATE S	SIONED (MO	90 Year)
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	A UM	(ITEM 27) (Typ	e, Print)	3720 KENS	FAR	RAGU	TAU	520	£95	-11 (6)
	31. DATE FILED (Month, Day, Year)	32. REGISTA	AR'S SIGNATU	Pandall		11-2-1-1		7				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TAL	RE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=
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- 19	1. DECEDENT'S NAME (First,									2. DATE OF DEAT			3. TIME OF DEATH		
	WILLIAM D BOETTICHER										7 7 90 1054 PM				
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	. last birthday)				7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign			
	578-44-2979		1 🕅 M 2 🗆 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	6/8/	19		tana		
	9e. FACILITY NAME (If not in	-	*				TOWN C	R LOCAT	TION OF DE	ATH	9c. C	OUNTY OF	DEATH		
DIRECTOR	Montgomery General Hospital OLNEY RESIDENCE OF DECEDENT									Me	ontg	omety			
REC	10e. STATE	10b. COUNTY	_			Y, TOWN C							10d. INSIDE CITY LIMITS?		
	MD	MON	toome	3th	R	OCK	VIL	LE					1 YES 2XXNO		
M	10e. STREET AND NUMBER						101	ZIP CO		10g. CITIZEN OF WH			WHAT COUNTRY?		
当	15204 CARROLTON ROAL							20	285	3	Un	ited	States		
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. A. FORCES? XIX YES 2 IF YES, GIVE WAR OR DATES						f yes, sp	ENDENT ocify Cub 2 NO	en, Mexica	IIC ORIGIN? (Specif n, Puerto Rican, etc	y Yee or No-	Bled	E — American Indian, ck, White, atc.		
D BY	3 Widowed 4 Divo		W	WII) Specin				HITE		
TED		EDENT'S EDUC y highest grade		16e.	(Give kind of life. Do NOT u	work done	during mo	on st of work	ding	16b. KIND Of	BUSINESS/	INDUSTRY			
COMPLET	Elementary/Secondary (0)-12)	College (1-4 or 5	+)									1		
2	AT CATHERIN MARIE (C) A M	(I - I a)	5+		A	rbiti	rato				aw				
	17. FATHER'S NAME (First, M							18. MO		ME (First, Middle, Ma		mame)			
BE	19e. INFORMANT'S NAME (7		tticher							lla Bate					
2			Jakan.							Route Number, City of		,			
	Mrs. Helene			200 00	15204 ICE OF DISPO					Rockvil					
	METHOD OF DISPOSITE ALL Buriel 2 Crematio Donation 5 Other		wat from State	othe	v place)						LOCATION				
	2 SIGNATURE OF FUNERA		ENGEE	INLL	ington	Nat J	NAME A	D ADDR	ESS OF FA	ry A	rling	ton,	Virginia rey Funeral		
H	Minho	1,6	Shi	Van	100348	HC	me/	KOCK	CATTI	e, Inc.,	300 i	W. Mo	ntgomery Ave		
	23. PART I. Enter the d	leeeses, Dr c	omplications the	t coused the	deeth. Do				-	-			Approximate		
	shock, or he IMMEDIATE CAUSE (Fir		let only one car	se on sech	line.								Interval Between Onset and Death		
	disease or condition resulting in death) e. Prouving (FRESH WATER) DUE TO (OR AS A CONSEQUENCE OF):										777777				
z	Sequentially list conditions, b. My ocardial Infarction m,										minutes				
CERTIFICATION	Sequentielly list conditi if any, leading to imme-	iona, diate	DUE TO	(OR AS A CON	SEQUENCE O	F):							1,1,1,0		
8	ceuse. Enter UNDERLY	ING C	ArTer	10501-	eroti	c Cai	reli	Va	YU/	er Dis	RAVE		Years		
E	that initiated events		DUE TO	(OR AS A CON	ISEOUENCE C	F):									
E	reaulting in death) LAS	,	ı,												
	PART II. Other aignifice	ent condition	contributing to	deeth but n	ot resulting	in the un	derivin	COUSE	given in	Part I 24a Wil	S AN AUTOPS	RV 24	b. WERE AUTOPSY FINDINGS		
MEDICAL			Corona								REORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
	Status y									1 1 Y	S 2 NO		DF DEATN?		
-	- 10101 P	co1 1	Carao	C 1-0	ccepto	Wo!	LS	190		_			1 YES 2 NO		
AN	25. WAS CASE REFERRED TO	O MEDICAL					26 PI	ACE OF	DEATH (CA	eck only one)					
PHYSICIAN:	EXAMINER?		HOSPITAL:	I solowood	• • □ DO:	OTHER	₹:		Carrier III						
H	27. MANNER OF DEATH		26e. DATE Of		28b. TIA		28c. INJ		Heeldence	6 Other (Specify		OCCUPED			
		Pending	(Month, C	Day, Year)	IÑ	OP M	1 🗆	RK?	NO NO	LOST C	ontc	2001	ness In		
BY	2 Doubles -	investigation	28e. PLACE C	OF INJURY — A		-				281 LOCATION (S	med and Niver	ther or Burn	Route Number,		
9		Could not be determined	HOM.	ate (Specifie)	Actyn					15204 Cal	State)		/) 11		
	29e. CERTIFIER							_					Rockville Mi		
COMPLET	(Check only									to the cause(e) end					
00	2 Z) MEDI		On the paste of e	Almination end	vor investigati	on, in my o	pinion, d	eath occ	ured at the	time, date end plac	e, end due to	o the cause	(e) end menner ee stated.		
BE (296. SIGNATURE AND TITLE	OF GERTIFIER	. 1	reput	y IVIE	A TCA	1	20c. Li	CENSE NUM	ABER	29d. [ATE SIGNE	D (Month, Day, Year)		
TO E	Steelan	Such	ehr	>X.	cery 1	nen		2	118			7-8	-90		
-	PAN A DE	FLORE	.AA 4	SE OF DEATH	Weensbury Rd Hyatts 4/1e MD 20781										
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	R'S SIGNATUR	E										
	JUL	09'90	g	chia David	son-Ra	ndale						_			

F.

31. DATE FILED (Month, Day, Year)

JUL 0 9 90

Golle,

Jr.

M.D.

32. REGISTRAR'S SIGNATURE
Julia Davidson

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

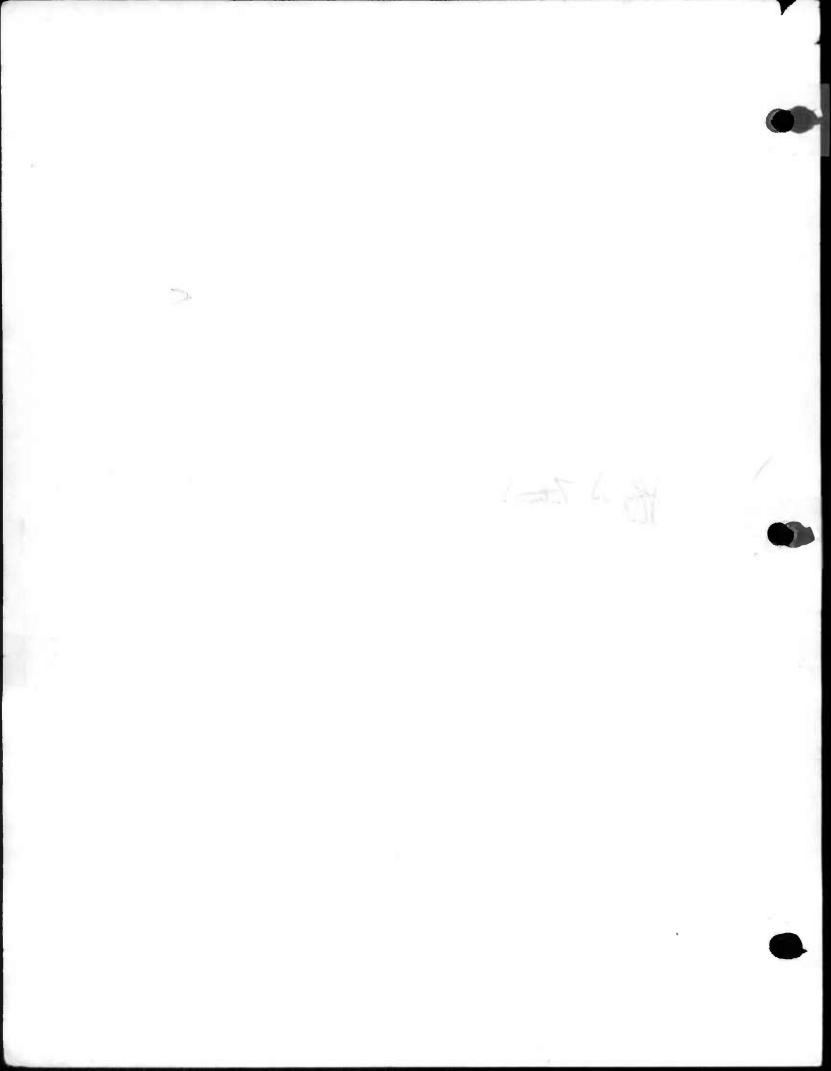
ITEMS: 23, 27 per ME G-667

	9-21-90 cm								90	2020.	3
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND			HEALTH AN		AL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. OAT	E OF OEATH		/EAR 3. TI	ME OF DEATH	
	Bruce	Robert	Br	inkman			7 5	90		4:40 P.	М
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	iest birthday)	IF UNDER t YEAR		RS. 7. DATE	E OF BIRTH oth, Day, Year)	8.	BIRTHPLAC Country)	E (State or Foreign	
	215 66 7883	1 2 M 2 □ F 35	YRS.	MONTHS DAYS	HOURS M		. 12, 1	.954 W		gton, D.	С
7	9a. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TOWI	N OR LOCATION C	F DEATH		9c. COUNTY	Y OF DEATH		
OR	18804 Munca	ster Road			I	Montgo	omery				
C	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT		10c CI	TY, TOWN OR LOC	CATION			INSIDE CITY			
DIRECTOR		gomery		erwood						LIMITS?	
	10e. STREET AND NUMBER	<u> </u>			10f. ZIP CODE			10g. CITIZE	N OF WHAT		_
FUNERAL	18804 Muncaster	Road			20855			Unit	ed St	ates	
N	11. MARITAL STATUS	12. WAS DECEOENT EVER IN U.S.			ECENDENT OF H			or No- 14	. RACE - A	merican Indian,	_
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 I	<u>Ж</u> ио	If yes, 1 □ Y	specify Cuban, M ES 2 H NO S	axican, Puarto pecify:	Rican, etc.)		Specify:	White	
ED	15. OECEOENT'S EOU (Specify only highest grade	ICATION 16a.	DECEDENT'S	USUAL OCCUPA	TION	16	Bb. KIND OF BU	SINESS/INDUS	TRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)		work done during ise retired.)			United		S		
MPI	12	– Ma	chine	Operat	or		Govern	nent			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Robert Earl Brink	man					. McBra				
BE											_
2	19s. INFORMANT'S NAME (Type/Print) Robert Brinkman				et and Number or F aster Ro					20855	
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	20b. PLAG	CE OF DISPO	SITION (Name of	cemetery, cremator	y or	20c. LC	CATION — CI	y or Town, S	itate	_
v i	4 Denation 5 Other (Specify)	Rest		Cemete				derick			
	21. SIGNATURE OF FUNERAL SERVICE LI	7 1 1	0689	Home	AND ADDRESS OF ROCKVI	lle,	Inc. 30	00 Wes	t Mon		Ι
	23. PART Enter the diseases, or	complications that caused the	deeth. Do							Approximate	_
	immediate cause (Final	Liet only one cause on each is	ne.						i	interval Betwee Onset and Deat	
	disease or condition resulting in death)	. CARDIAC ARRHY	THMIA						ĺ		
	isoliting in death)	OUE TO (OR AS A CON									
Z	Sequentially list conditions,	b									
CERTIFICATION	If any, leeding to immediate	DUE TO (OR AS A CONS	BEQUENCE (OF):							
2	CAUSE (Disease or Injury	CDUE TO (OR AS A CON	SECUENCE (25)							_
E	that initiated events resulting in death) LAST	DOE TO JOH AS A CON-	SECUENCE)r):					İ		
CE		d									_
_	PART II. Other eignificant condition	ne contributing to death but no	t reculting	In the underly	ring ceuse give	n in Pert I.	24a, WAS AN			E AUTOPSY FINDING	S
200							YES :		CON	MPLETION OF CAUSE DEATH?	
WEL							1111			YES 2 XXO	
ž											
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 28. PLACE OF GEATH (Check only one)											_
PHYSICIAN: MEDICAL	XXYES 2 NO	1 Inpatient 2 ER/Outpatient	3 🗆 DOA	OTHER:	lome 6 X Rasida	anca 6 🗆 Ot	her (Specify)				
PH	27. MANNER OF OEATN 1 Natural 5 Pending	(Month, Day, Year)	28b. TI	JURY	INJURY AT WORK?		EȘCRIBE NOW	INJURY OCCU	RED		
ВУ	2 Accident Investigation				YES 2 N	_					_
0	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At building, etc. (Specify)	nome, tarm,	, atreet, factory, o	ffica	28t. LC	DCATION (Street ity or Town, State	and Number or)	' Rural Route	Number,	
E	200 CENTIFIED										
MPL	(Circuit, Circi)	BICIAN: To the best of my knowledge,									
COMPLETED	2 K MEDICAL EXAMIN	ER: On the basis of examination and	or investigat	lon, in my opinio	n, death occured	at the time, de	nta and placa, a	nd due to the	cause(a) and	manner as stated.	
BE (296 SIDNATURE AND TITLE OF CERTIFIE	m Ch () h	y 7		29c. LICENS	E NUMBER				nth, Day, Year)	T
TO E	DE NAME AND ADDRESS OF PERSON W	Hach y	11	-	0	CME		•	7-6-9()	



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111 Penn St., Balto.,



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	AP.	ept.	23
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 are after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept, of Health and Memal Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	AN:	ifica Str	T I
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2	QN	R. P.	,69
2	ATTE	E #	28
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN				
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH 0	AY	YEAR	TIME OF DEATH	
	Walker A SOCIAL SECURITY NUMBER	5. SEX 6. AGE //	Bue I	IF UNDER 24 HRS.	July 4	1990		1:15 AM M		
	288 12 3163	1XXM 2 □ F 7	M 2 G F 72 YRS. MONTHS DAYS HOURS MIN. (Month, Da May 1.5)					918 Ohio		
~	9a. FACILITY NAME (If not institution, give str	eet and number)			R LOCATION OF DE		9c. COUNT	Y OF DEATH	ı	
DIRECTOR	402 Grove Avenue			Washir	gton Gro	ve	Mont	gomer	У	
ည္က	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d	. INSIDE CITY	
	Maryland Mon	ntgomery	Wa	ashingto	n Grove			YES 2 NO		
AL	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?	
FUNERAL	402 Grove Avenue	<u> </u>			20880)	Unit	ed St	ates	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ABMED			NC ORIGIN? (Specify Yen, Puerto Rican, atc.)	a or No— 1	4. RACE — / Black, Wh	American Indian,	
BY	1 Never Married 2 XXMarried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2X NO Specify			Specify:	White	
	15. DECEDENT'S EDUC	ATION	16. DECEDENT'S	USUAL OCCUPATION	M	ter KIND OF BU	PINESS (IND.)	OTRV	WIITCE	
	(Specify only highest grade of	completed)	(Give kind of a	work done during mo	st of working	188. KIND OF BU	SINESS/INDU	SIRT		
2	Elementary/Secondery (0-12)	College (1-4 or 5+)	ge (1-4 or 5 +)						ng	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
	Walker Showers B		Sad	ie Prout		ATION — City or Town, State nesda, Maryland al Home/Rockville, nue Inc. 350-2805 atory arrest, Approximate Interval Batween				
BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tox	vn, State, Zip C	iode)			
임										
	20a. METHOD OF DISPOSITION 1 Burisi 2XXCremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)									
- 3	4 Donation 5 Other (Specify)	N		ry Crema	torium,	Inc. Bet	hesda	, Mar	yland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AN	ADDRESS OF FAC	hrev Funer	ral Hor	me/Ro	ckville.	
	Kahury	tomas	M0019	300 W	est Mont	gomery Ave	nue	805	Inc.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ANEWANE (UND WANNING VIND WA									
PHYSICIAN: MEDICAL C							NAUTOPSY RMED?	AMA COI DF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL									
5	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Chi					
₹ X	1 YES XX NO	1 Inpetient 2 ER/Outp				8 Other (Specify)				
	Natural 5 Pending	(Month, Day, Year)	28b. TIM	IURY WO	RK?	28d. DEŞCRIBE HOW	INJURY OCCU	PRED		
B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, farm			28f. LOCATION (Street	and Number of	r Burni Brush	Number	
	4 Hornicide 8 Could not be	building, atc. (Spec	lfy)	and only of the		City or Town, State		Tioner House	recruber,	
COMPLETED	onel	CIAN: To the beat of my knowl							f manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	-	•		29c. LICENSE NUN				nth, Day, Year)	
BE	Ald	1 / mu	com	4)	D00				, 1990	
٥	30. NAME AND ADDRESS OF PERSON WHO Hector Asuncion								,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE		u, Germa	iicowii, ridi	Lyrand	200	/+	
	00° 00 III.	Julia Davidso	A-Pandago							

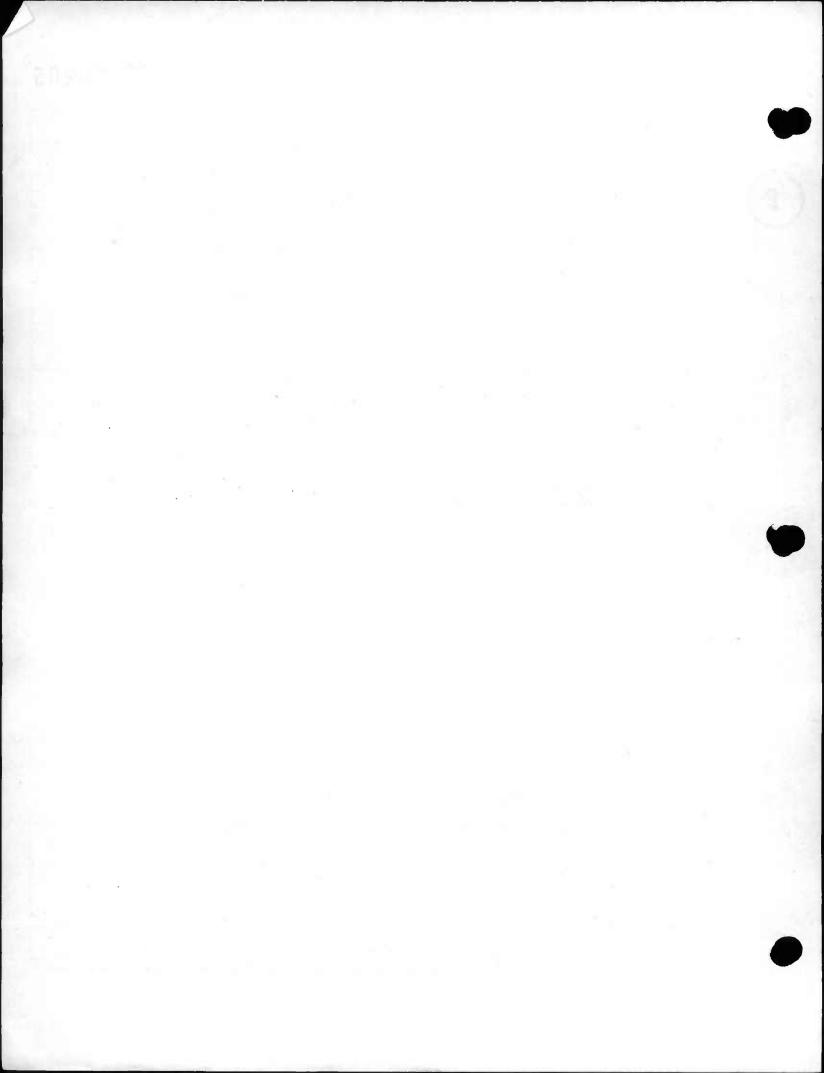


BALTIMORE, MARYLAND 21203-3146	vithin 24s after death. Page 6 may be retained by the hospital or attending physician.	bletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit remation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Cts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

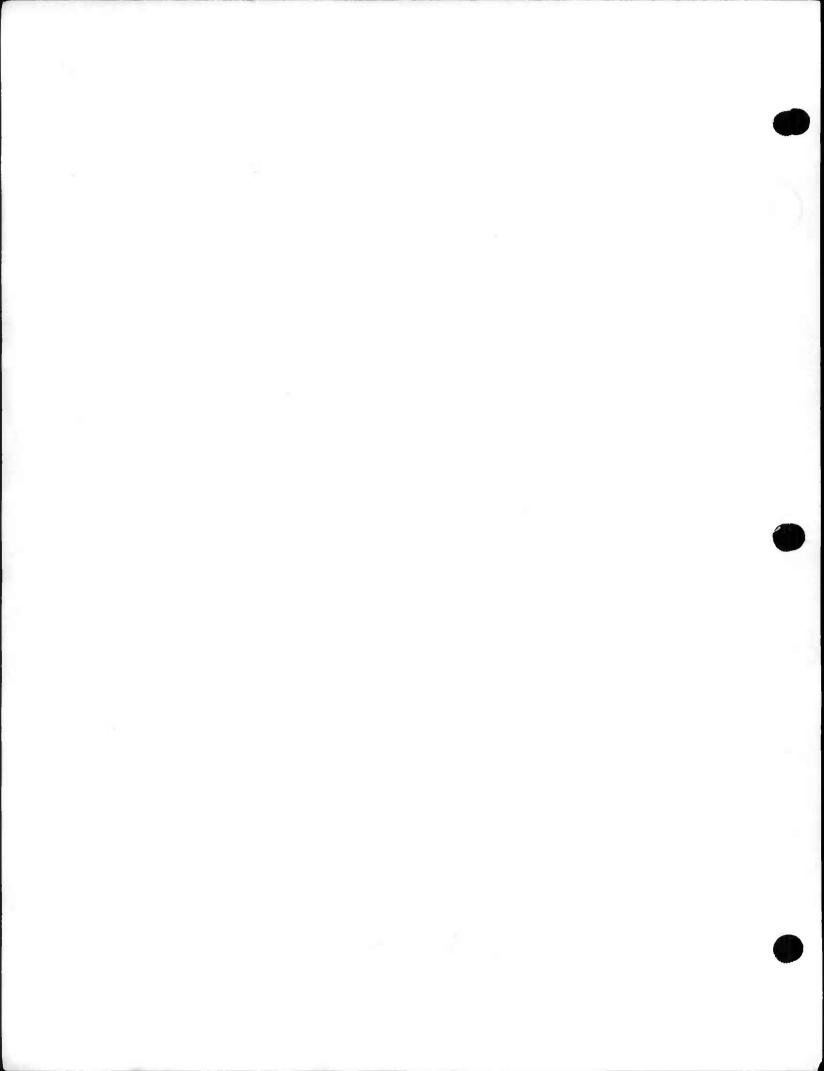
1. DECEDENT'S NAME (First, Middle, Lest) LUEllen Amelia BIDDINGER 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
LuElle	JA	. Bido	PING	eR					MONTH	J DA	7	90 7 30 PM	
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D			8. BIRTI	IPLACE (State or Foreign
214-28-5					7-	29	COUNT	"MO					
9a. FACILITY NAME (If not in				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH			
Colton Vill		sing Cene	eter			Hag	erst	own		9.	Wa	shin	gton
RESIDENCE OF DEC	10b. COUNTY	,		I too CITY	TOWN O	LOCA	TION						tod. INSIDE CITY
Maryland		ington			ager								LIMITS?
10a. STREET AND NUMBER	Wasii	illigion		110	ager.		f. ZIP COD	E .			t0o. CIT	IZEN OF I	WHAT COUNTRY?
100 Stonecr	oft An	artments					2174				USA		
11. MARITAL STATUS	ore mp	12. WAS DECEDEN		RMED	13. W	AS DEC			IIC ORIGIN? (S	Specify Yea			E American Indian,
t Never Married 2		FORCES? t	☐ YES 2 🔀	NO	- 14	yea, sp		n, Maxica	n, Puerto Rica			Blac Spec	k, White, etc.
3 Widowed 4 Divo	rced						25 110	opeon				whi	*
15. DEC (Specify onl)	EDENT'S EDUC	CATION completed)	(0	ECEDENT'S L	ork done di			10		ND OF BUS		DUSTRY	
Elementary/Secondary (0	1-12)	College (t-4 or 5	Hr.	. Do NOT use	retired.)					hospi	tal		
12		0				_	,						
17. FATNER'S NAME (First, M	liddle, Last)								ME (First, Midd				
Mark Street		Reno M					+		inia A				
Gwen V. Sch									Poute Number.				7.4.0
200. METHOD OF DISPOSIT									lagers	7			
tX Burial 2 □ Crematic	on 3 🗆 Reme	ovel from State	other p	OF DISPOSE				natory or					own, State
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ENSEF	_ Kest	Have				DO OF FA	CHITY	Ная	gerst	own,	, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740													
00	00	Ilm	uch		4	15	E. Wi	lsor	Blvd	.,Hag	erst	own,	Md. 21740
23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir	aart fellure.	compileations the List only one car	it coused the d	eeth. Do no							ratory ar	rest,	Approximate Interval Between Onset and Death
disease or condition resulting in death)	+	· me	lasla	MC C	roc	n	166	uc	inon	a			months
		DUE TO	(OR AS A CONSE	OUENCE OF):								
Sequentially list condit	lone T	b											
if sny, laading to imme cause. Entar UNDERLY	dista	DUE 10	(OR AS A CONSE	OUENCE OF):								
CAUSE (Disesse or inju		c. OUF TO	(OR AS A CONSE	OUENCE OF)·			-					
that initiated events resulting in death) LAS	т		(010 / 001100	OULHOL OI	,								
		d											
PART II. Other significe	ent condition	s contributing to	deeth but not	resulting in	n the und	terlyin	g cause	given in	Part I. 24	A. WAS AN		24t	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		-							t	YES 2	NO		COMPLETION OF CAUSE DF DEATH?
-		7								/			t VES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOODITAL				-	LACE OF O	EATH (Ch	eck only one)				
t TYES 2 DAG		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nurs	: ing Non	ne 5 🗆 Re	sidence	6 Other (S	(pecify)			
27. MANNER OF DEATN	2-0	28a. DATE Of (Month, L	INJURY Day, Year)	28b. TIME INJU	OF JRY	26c. IN. W(JURY AT ORK?		26d. OESCR	IBE HOW I	JURY OC	CUREO	
	Pending Investigation				М	1 🗆	YES 2	NO					
	Could not be	28e. PLACE (building,	of INJURY — At he	ome, farm, si	treet, facto	ry, offic	CO			ON (Street a fown, State)	nd Numbe	or Rural	Route Number,
4 Nomicide determined													
29a. CERTIFIER (Check only) (Ch													
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
200 SHOWATCHE AND TITUE OF CERTIFIER (Month, Day, Year)													
[] Kalls (Chancy / N/). D14398 7/1/90													
Charles OF PERSON WHO COMPLETED SLIBE OF GEATH (ITEM 27) (Typo, Print) 35. Clese and Ave. Hag. Md 2740													
Charle	S 1C.	CKEN	ich W	-W- a	565	5 >	>.01	esc	lund	nve	· t	Jag	. Md21140
31. DATE FILED (Month, Dwy.	31. DATE FILED (Month, Day, West) 32. REGISTRAT'S AIGNATURE												



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate his be filed within 72 hours after death with the State E IMPORTANT: If Item 28 is marked, or Item

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•	j	ı	
e law requires that the death certificate be executed within 24 riburs after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transformer permit. Presents	th and Mental Hygiene prior to burial, cremation, or removal.	any injury or other fraumatic event, the medical examiner must be notified at once
eduire	en sig	of He	hours
SW C	as be	lept.	23 €
43	겯	0	-

	1 - FOR STATE REGISTRAR	TATE OF MARYL			HEALTH AND I	MENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH					3. TIME OF DEATH		
	Virginia	Louise	BEITLE	ER		Ju	Th 13,	1990	TEAR	. м	
	Company of the Compan		(In yrs. last birthday)	IF UNDER 1 YEA	MOTHE DAVE MOTHER MIN (Month, Day, Year)			- 1	B. BIRTHP Country)	LACE (State or Foreign	
	217-12-2622	M 2½ F	69 YRS.	MONTHS DAY:	HOURS MIN.	Apı		1921			
_	9a. FACILITY NAME (If not institution, give street a			9b. CITY, TOW	OR LOCATION OF DE	EATH		9c. COUNT	Y OF DE	ATH	
6	Washington County I	Hospital		На	gerstown			Was	hing	ton	
ᇤᅵ	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION				1	10d. INSIDE CITY	
E	Maryland Wasi		Has					LIMITS?			
7	10e. STREET AND NUMBER				101. ZIP CODE					IAT COUNTRY?	
FUNERAL DIRECTOR	1002 Salem Avenue				2174	0			U.S.	Α.	
5	11. MARITAL STATUS 12.	WAS DECEDENT EVER	IN U.S. ARMED		ECENDENT OF HISPAN			or No—	4. RACE	- American Indian, White, etc.	
BY F	1 Never Married 2 Married S Widowed 4 Divorced FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES				apecify Cuban, Maxica ES 2 X NO Specify		Rican, etc.)		Specify		
				ŀ						white	
Ë	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	16a. DECEOENT'S I (Give kind of w life. Do NOT use	ork done durina	TION most of working	16	b. KIND OF BUS	INESS/INDU	STRY			
ا ۳	Elementary/Secondary (0-12) Coflege (1-4 or 5+)			ne opei	ator		010	thing	mfo		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	machin	ie opei	18. MOTHER'S NA	MF (First			mr 6	,•		
ŏ	Charles W	taff		the second second second		Brande					
BE	19a. INFORMANT'S NAME (Type/Print)			AOORESS (Stre	et and Number or Rural I						
임	Mr. Samuel C. Beit	ler, Sr.	1002	Salen	Avenue,	Hage	erstown	, Mar	ylan	d 21740	
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of completer, crematory or 20c. LOCATION										
	1 🔀 Surial 2 🗆 Cremation 3 🗆 Removal 4 🗆 Donation 5 🗀 Other (Specify)	from State	Rest Haye	en Ceme	tery		Hag	ersto	wn,	Maryland	
1 . Ath 1/h								ich F	uner	al Home	
	· COOTOI)	m	nck	415 I	. Wilson	Blv	d., Hag	ersto	wn,	MD 21740	
NO	23. PART I. Enter the diseases, or companions, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions,	DUE TO (OR AS	bhomo A consequence of):						Approximate Interval Between Onset and Death	
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions on	ontributing to death	but not resulting i	n the underf	ing cause given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			24	PLACE OF OEATH (Ch	eck only	one)				
25	EXAMINER?	OSPITAL:	toetlant 3 Dos	OTHER:	ome 5 Residence						
¥	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIMI	E OF 28c.	INJURY AT		ner (Specify) ESCRIBE HOW IF	NJURY OCC	URED		
	1 Netural 5 Pending	(Month, Day, Year)	INJ		WORK? YES 2 NO						
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, etc. (Spe		treet, factory, o	ffice		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: O									and manner as stated.	
8	296. SIGNATURE AND TITLE OF CERTIFIER	2) year	41		DZ(4	MBER 57		29d. DATE	IIONED /	Magori, Day, Wass)	
5	30. NAME AND ADDRESS OF PERSON WHO CO	EGD 40	EATH (ITEM 27) (Type,	OHK F	HI(AVR.	H	LAGRA	25%	WN	M) 21740	
	31. DATE FILEO (Month, Day, Year) 16 '90	32. REGISTRARE SIG	Davidson-A	andell							



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	hour	IMPORTANT: If ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND	MENTAL HYGIENE
CERTIFICATE O	F DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	TATE OF MARYLAND /	DEPARTME ERTIFICAT			MENTAL HYGIEN	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)	KATHERINE L	BENNA	MAN		2. DATE OF DEATH DO JULY 7.	1990 YE	3. TIME OF DEATH 8:30 AM M		
i	210-01-7/11	EX 6. AGE (In yrs. las		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-27-0/	DE BIRTH Day, Year) 8. BIRTHPLACE (Slete or Foreign Country)			
OR	9a. FACILITY NAME (If not Institution, give street ar 2838 GULLWAY	nd number)	9b. C		EAN CITY					
FUNERAL DIRECTOR	106. STATE 106. COUNTY Md. Word	cester	10c. CITY, TOW	n or Locati	_			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ERAL	100. STREET AND NUMBER 2838 GULLWay			101.	ZIP CODE 21842		10g. CITIZEN OF WHAT COUNTRY?			
В	1 Never Married 2 Married F	MAS DECEDENT EVER IN U.S. ARFORCES? 1 YES 2 1 F YES 2 1 F YES, GIVE WAR OR DATES			cify Cuban, Mexican	C ORIGIN? (Specify Yea, Puerto Rican, atc.)	fee or No— 14. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED		leted) (G	ive kind of work do . Do NOT use retire	SUSUAL OCCUPATION work done during most of working se retired.) 4t Home. 16b. KIND OF BUSINESS/INDUSTRY						
COM	17. FATHER'S NAME (First, Middle, Leat) Jacob P. Webst	er	710 7	One		ME (First, Middle, Maiden a Windsor	Sumame)			
TO BE	190, INFORMANT'S NAME (Type/Print) Jean Hess	19	The second second second		nd Number or Rural R	Oute Number, City or Tow City, Md.				
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal fi 4 Donation 5 Other (Specify)	20b. PLACE other pl	OF DISPOSITION	(Name of cem	etery, crematory or		CATION — City	or Town, State		
	21. SIGNATURE OF FUHERAL BETYICE LICENSE	7	1			AL HOME				
	23 PART I. Enter the disease, or compianock, or heart feiture. List of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one couse on each line	ð.				iratory arrest,	Approximete Intervel Between Onset and Deeth		
Z	Sequentielly list conditions, If any, leeding to immediate CARDIO PULLIONARY ARREST DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury CAUSE (Disease or inj									
ERTIF	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE	OUENCE OF):							
PHYSICIAN: MEDICAL O	PART II. Other eignificent conditions con	reaulting in the	underlying	cause given in	Pert I. 24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIA		SPITAL:		IER:	ACE OF OEATH (Ch					
	27. MANNER OF DEATH 1 Natural 5 Pending	Inputient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI WO	URY AT RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
TED BY	2 Accident Investigation							Rural Route Number,		
COMPLETED	suse(e) end manner ee stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Julia	MD		D27	Zense Number 29d. DATE SIGNED (Month, Day, Year) July 9, 19				
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITE		PANe	RD	BALTI	yole	MD 21222		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Randall							

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within zerwours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p
	nou -	filled in
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ertificate be executed within .	ng physician and completely
P.C	ath c	ttendi
RECORDS,	w requires that the de	been signed by the a
I OF VITAL	3 PHYSICIAN: The la	er this certificate has
DIVISION	L OR ATTENDING	DIRECTOR: Afte.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by action to build committee. The funeral director, page 5 should be detached by the funeral dark within 72 hours after death with the State Pent of Health and Mental Honiene ninc to build. Committee, or removal.	69
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OR.	DIRE	Te H
TAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Its and within 72 hours after death with the State Dent of Health and Mental Honiene ning to build. cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICAT	E OF	DEA	ГН	2 DATE (REG. NO.			3 TIME OF DEATH 3
	Otho James	Bro	wn						MONTH	DA		YEAR	
- 7	4. SOCIAL SECURITY NUMBER	5. SEX	EX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER					7. DATE C	F BIRTH		8. BIRTH	PLACE (State or Foreign	
	220-34-9398	1X M 2 F		79 YRS.	MONTHS	DAYS	HOURS	MIN.	06-	19-19	911		
	Sa. FACILITY NAME (If not institution, give str	reet and number) 9b.			9b. CIT	r, TOWN O	R LOCATI	ON OF DE					
O.	Hartley Hall 1	Inc.	P	ocor	noke	Ci	ty		Woi	rces	ster		
E	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY 10e, CITY, TOWN OR LOCATION												10d. INSIDE CITY
DIRECTOR	Maryland Woo	aryland Worcester Stockton											
AL		Big Mi						E			10g. CITIZ	EN OF W	VHAT COUNTRY?
FUNERAL	Rt====================================	Dig Mi.	11 1100	···			218	64			U.	. S . A	Α.
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN	(Specify Yes			
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V			_ '	1 TYES	2 NO	Specify	/:	roun, www.j			fy:
ED E	15. DECEDENT'S EDUC	ATION	16e.	DECEDENT'S	USUAL C	CCUPATIO)N		166	KIND OF BUS	SINESS/INO	USTRY	WILLCE
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of workli	ng	1				
COMPLET	10			Farm	er								
Ö	17. FATHER'S NAME (First, Middle, Last)												
BE (George E. Brown	1											
10	19a. INFORMANT'S NAME (Type/Print)												21064
	Louise J. Brown	1	-		2. DATE OF DEATH DAY YEAR STIME OF DEATH A. M. 11:15 M 11:15 M 12:15 M 12:15 M 11:15 M								
	1 Donation 5 Other (Specify)	rval from State	other	place)					+021				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- IKems	SOII P.	22	NAME AN	ID ADDRE	SS OF FA	CILITY		JCOIIIC	JKE	, Ma.
	+ S. TC	m.l.			뭥	ELSC	N F	UNE	RAL	HOME			
											1 Annoulmete		
	ahock, or haart fallure. I	lat only one cau	se on aach li	ne.	not enta	uia illo	da oi dy	iriy, auc.	II wa Caru	iac or respi	ratory arr	oot,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1	-0.0	to the state of th									Onset and Death
14	reaulting in death)	DUE TO	(O) AS A CONS	SEOUENCE C	OF):								
z		CE	REBR	AL	VAS	SCU	LAI	8	Ac	CIDE	WZ		
일	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEQUENCE C	IF):								
ERTIFICATION	CAUSE (Disease or Injury	DUE TO	OR AS A COM	PEQUENCE (· .								
E	that initiated events reaulting in death) LAST	DOE 10	(OH AS A CONS	SECOLACE C	r-);								
E		1											
AL					In the u	ndariying	cause	given in	Part I.			24b	
MEDICAL		Mel	elu						_	1 YES 2	No		
	Hypertes	nsion											1 TYES 2 NO
ä													
S S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTHE	R:							
PHYSICIAN:	1 TES 2 NO	1 Inpatient 2						esidence			N.HIBY OCC	TIRED	
	Natural 5 Pending	(Month, E				WO	RK?	NO	200.020			Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
2 Accident investigation 2 No PLACE OF INJURY At home form street feature office. 284 I OCATION (Street and Mumber or Burnl Rose Mum									Route Number,				
TED	4 Homicide determined	- Canaling	eta (opeony)						City	y jown, State)			
PLE	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occur	red at the	time, date	and place	, and due	to the cau	se(e) and ma	nner as stat	ed.	
COMPLET	1000												a) and manner ee stated.
Ü	296. SIGNATURE AND TITLE OF CERTIFIER	1	,	1			29c. LIC	ENSE NUI	MBER		29d. DATE	EBONED	(Month, Gey, Near)
		/ //									1 h	- /-	and the second s
O BE	Konele	1 /- /-	~				D3	65	76	>	P 7	1/2	196

30. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)
Ronald Travitz 305 10th. Street

31. DATE FILED (Month, Day, Year)

JUL 7

2 '90

32. AGGISTRAB'S SIGNATURE Julia Davidson-Randella

DHMH-16 Rev 1/89

Street Pocomoke City, Maryland 21851

BALTIMORE, MARYLAND	s after death. Page 6 may be retained by the hospi	by the funeral director, page 5 should be detached amoval.	Jical examiner must be notified at once.
	JINON: "	filled in	e me
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HO.	TO THE FUI	IMPORTAL

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF	F DEAT	ГН		REG. NO.

	1 - FOR STATE OF MARY	LAND / DEPARTN CERTIFIC			MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) Agnes A. BRITTINGHAM				2. DATE OF DEATH MONTH DA	1990 YEA	3. TIME OF DEATH 9:15 P M			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AC					8. BI	RTHPLACE (State or Foreign			
	222 07 0005 1 M 2XXF 9a. FACILITY NAME (if not institution, give street and number)	83 YRS.	CITY TOWN O	HOURS MIN.	(Month, Pay, Year) 6/29/07		elaware			
DIRECTOR	Deer's Head Center		Salisbu			Wicom				
EC	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY			
H	Maryland Worcester		Girdle	tree			LIMITS?			
	10e. STREET AND NUMBER	•	10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
EB	2803 Snow Hill Road			21829		US	SA			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED ES 2 X NO			C ORIGIN? (Specify Yas , Puarto Rican, etc.)	or No — 14. F	RACE — American Indian, Black, White, etc.			
ВУ	3 🗶 Wildowed 4 🗌 Divorced	R DATES	1 TYES	2 XXVO Specify:		8	Specify: White			
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S US	UAL OCCUPATION	N	18b. KIND OF BUS	INESS/INDUSTR				
COMPLETED	(Specify only highest grade completed) Elamentary/Secondary (0-12) Collega (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mo: etired.)	t of working						
APL	10	Homem	aker		Own	Home				
8	17. FATHER'S NAME (First, Middle, Last)	1			AE (First, Middle, Maiden	Surname)				
BE	John W. Carey				n Phillips					
2	19a. INFORMANT'S NAME (Type/Print) W. Alvin Cordrey				oute Number, City or Town					
		20b. PLACE OF DISPOSITI			v Hill, Ma	CATION — City of				
	1 X Burial 2 Cremailon 3 Ramoval from Stale 4 Donalion 5 Othar (Specify)	other place) Melson C				mar, Ma	-0			
	21. SIGNATURE OF PUNCHAL SERVICE LICENSEE	11020011	22. NAME AN	D ADDRESS OF FAC	ILITY	more in	ory realer			
	· // //			Funeral		מ רבוז	13 03 06 0			
-	23. PART I. Enter the diseases, or complications that cau	sed the death. Do not			St., Snow I		Id. 21863			
	ehock, or haert felluife. List only one cause of	n each lina.				,,	intarval Between Onsat end Daath			
	IMMEDIATE CAUSE (Final diesese or condition resulting in death) Metastati	c cancer to	liver	with unk	cowo orim	arv cit	CAMP CHAP CONTEN			
		AS A CONSEQUENCE OF):	111461	WI CII CIII	CHOWN DI THI	ary sit	C T WEEKS			
z	Sequentielly list conditione, Dus to construct on.									
CERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING	AS A CONSEQUENCE OF):								
일	CAUSE (Disease or injury	AS A CONSEQUENCE OF):								
Ē	that initiated events reaulting in death) LAST	,					ļ			
	CART II Ober significant and distance and finding to deal									
SAL	PART II. Other eignificant conditione contributing to deat	n but not reaulting in t	the underlying	cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDIC					1 _ YE\$ 2	1 но	OF DEATH?			
Σ					-		1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Che	ock only one)					
Sic	EXAMINER? 1 YES NO 1 Mapatiant 2 ER/	Outpetient 3 DOA 4	THER:	a 5 - Realdanca						
H	27. MANNER OF OEATH 28a. DATE OF INJU (Month, Day, Ye.	RY 28b. TIME C	F 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURE	D			
BY F	Natural 5 Pending 2 Accident Investigation	in in in in in in in in in in in in in i		ES 2 NO						
4 Homicide detarmined 29a. CERTIFIER (Check only (Che										
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and										
296. SIGNATURE AND TILE OF CERTIFIER 296. LICENSE NUMBER 296. OATE SIGNEO (Mopth, Day, Year)										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, Pr	int)	D16003		- '//	8190			
		18 , Salish		d. 2180	2					
/		MASON-Pandall								
6	JUL 10 90 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Commercial Contraction								

	FOR
1 -	STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE	RTIF	CATE	OF	DEATH	*******	REG. NO.			
1. DECEDENT'S NAME (First, Middle CHARLE	5 6	, B	10	TLE	R		2. DATI	of DEATH	ť	YEAR OP	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-34-55E	3 5. SEX	6. AGE (In yrs. lest I	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	cof BIRTH th, Day, Year) 2 194	i O	County	PLACE (State or Foreign YLAND
9a. FACILITY NAME (If not institution ANNE ARUNDEL	MEDICAL CENT	ER			TOWN O	R LOCATION OF DE	ATH			NE	EATH MARUNDEL
10e. STATE 10b. (NT COUNTY		10c. CIT	y, town o	POL						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 705 J Newtown	Drive	12-10				ZIP CODE					VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2/LANC	DED)		If yes, spe	ENDENT OF HISPAN city Cuban, Maxica 2XXNO Specify	n, Puerto		U.S or No-	14. RACI Black Spec	— American Indian, t, Whita, stc.
15. DECEDENT (Specify only highe Elementary/Secondary (0-12)		(Give	e kind of v Do NOT us	USUAL O work done to retired.)	during mo	N al of working	18	b. KIND OF BUS	INESS/IN		ALK
17. FATHER'S NAME (First, Middle, L JAMES BUTLER	ast)	18. N				18. MOTHER'S NA FRANCIS		Middle, Maiden YLOR	Sumame)		
19a. INFORMANT'S NAME (Type/Prid RUTH BUTLER	nt)	19b.	MAILING	ADDRESS	S (Street a WTOW	N CRIVE	ANNA	POLIS,	n, State, Zi MAR	y Code) YLAN	21401
	20e. METHOD OF DISPOSITION 1 X Burles 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)					netery, cremetory or RK		20c. LO	NAPO	LIS,	MARYLAND
23. PART I. Enter the disease ahock, or heart fi iMMEDIATE CAUSE (Final disease or condition resulting in death)	allure. List only ons cau	caused the dease on each line.	lia	W not entar	ILLI	AM REESS de of dying, suc	& 5	SONS MO	RTUA	RY,	Approximate interval Betwonset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	leading to immediate Enter UNDERLYING E (Disease or Injury littlated events DUE TO (OR AS A CONSEQUENCE OF):								J		
PART ii. Other algnificant co	nditiona contributing to	death but not re	esuiting	in the u	nderiyin	g cause given in	Part i.	24a. WAS AN PERFOR	MED?	241	WERE AUTOPSY FINDIN AVAILABLE PRIDR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER:											
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 28c. DATE OF INJURY (Month, Dey, Year) 1 YES 2 NO						COURED					
2 Accident investi 3 Suicide 6 Could 4 Homicide detarm	not be 28e. PLACE O building.	F INJURY At hone etc. (Specify)	ne, farm,	atreet, fac	tory, offic			CATION (Street of the or Town, State)		er or Rural	Route Number,
Torroom only	PHYSICIAN: To the best of a										a) and menner as stated
290. SUSTINE THE TITLE OF O	HITIFIER - BAL					29c LICENSE NU	MBER F1		29d. D/	TE SIGNE	(Month, Day, Year)
30. NAME AND ACCRESS OF PER	SON WHO COMPLETED CAUSE	SE OF DEATH (ITEM	1 27) (Type	SHA	W	57.	AL	DNAP	,04	1. 2	144

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transful be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILEO (Month, Doy, Year)

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physician and completely filled in by the funeral director, page 5 should be detached for use as the		0000
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Sicia	ne prior to burial, cremation, or removal	-
F	ne	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MEN	TAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	VI" CON	ISTAM	INI			ATE OF DEATH	19905	3. 1	2145 M
	4. SOCIAL SECURITY NUMBER 157-03-8984	5. SEX 6. AGE (III	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	(A	ATE OF BIRTH Honth, Day, Year) EC. 5, 19		BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	(1)		9b. CITY, TOWN	OR LOCATION OF		10. 3,12	9c. COUNTY		
DIRECTOR	Peninsula General	Hospital		Sali	shury, 1	Φ		Wi	comi	.co
EC	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION				100	I. INSIDE CITY LIMITS?
_	NEW JERSEY ME	ERCER	T	RENTON	I. ZIP CODE		1.00			YES 2 NO
FUNERAL	414 ELMER STREE	ידי		10	086	1 1			JSA	COUNTRY
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DE		PANIC OF	RIGIN? (Specify Yea	_		American Indian, hite, atc.
B	1 Never Married 2 Married 3 Wildowed 4 X Divorced	IF YES, GIVE WAR OR DA			2 NO Spe		,		Specify:	WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of the life. Do NOT us	vork done during m			16b. KIND OF BUS	INESS/INDUST	(RY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		EWIFE				HOME		
NOC	17. FATHER'S NAME (First, Middle, Last)			21122	18. MOTHER'S	NAME (F	irst, Middle, Melden S			
BE (RAFFAELE	UNK CA	ARUSO		SANT	-	UNK		CESA	ARE
2	19a. INFORMANT'S NAME (Type/Print) JEAN J. LAUDATO)-DAUGHTER		ELMER S			Number, City or Town	086 1		
	20a. METHOD OF DISPOSITION 14 Disposition 3 G Ram	20b.	PLACE OF DISPOS				-	CATION — City		State
	4 Donation 5 Other (Specify)		JR LADY			EACH IT		ILTON,	NJ	
	Mitoda	Allo	1 601				L HOME,P D, SALIS		MD 2	21801
	23. PART I. Enter tha diseases, or ehock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one cause on as	ch line.	(,	•	,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	copul	EDD:							
z	IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. CAUDIO PULL DA ARREST DUE TO (OR AS A CONSEQUENCE OF): Sub ARACHNO CA Hemorriage b. Sub ARACHNO CA Hemorriage									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE O	Ŋ:				1		1	
CERTIFICATION	CAUSE (Disease or injury thet initiated events	C. DUE TO (OR AS A	CONSEQUENCE O	F):		-				
ERI	reaulting in daeth) LAST	d								
AL	PART II. Other significant condition	ns contributing to death be	ut not resulting	in tha undarlyir	g causa given	in Part	1. 24a. WAS AN PERFOR		AVI	RE AUTOPSY FINDINGS AILABLE PRIOR TO
PHYSICIAN: MEDIC							1 - YES 2	□ NO	DF	DEATH?
Σ									11	YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH	(Check or	nly one)			
IYSI	1 TYES 2 NO	1 Inpetiant 2 ER/Outp	atlent 3 DOA		ne 5 🗆 Residen			Lumy Cooling		
ВУ РН	1 Natural 5 Pending	(Month, Day, Year)	Zeb. The	JURY W	JURY AT ORK? YES 2 NO	280	. DEŞCRIBE HOW II	ADDRY OCCUR	EU	
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	At home, farm,				LOCATION (Street a City or Town, State)	CATION (Street and Number or Rural Route Number, y or Town, State)			
COMPLETED	one)	SICIAN: To the beat of my knowl								
CO	2 MEDICAL EXAMIN	ER: On the basis of examination	n and/or investigation	on, in my opinion,			data and place, and			
BE (296. SIGNATURE AND TITLE OF CENTIFIE	- uso			D (4	143	2	≥ 3 A	IGNED (MG	90
10	30. NAME AND ADDRESS AS PERSON OF) SGO	ATH (ITEM 27) (Type	Acel	Dru	×	SAU	5 60g	Ma	1 5 (80)
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 0 6 '90 Ana January								1		

BALTIMORE, MARYLAND 21203-3146

_	B.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within 24 nours after death. P	upletely filled in by the funeral cremation, or removal.	rent, the medical examine
death certificate be executed	e attending physician and con fental Hygiene prior to burlal,	ury, or other traumatic en
AN: The law requires that the	tificate has been signed by the State Dept. of Health and N	ir item 23 shows any inj
AL OR ATTENDING PHYSICI.	AL DIRECTOR; After this cert ?2 hours after death with the	If Item 28 is marked, o
TO THE HOSPIT	TO THE FUNERY be filed within 7	IMPORTANT:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
	A DATE O	C DC ATU

	1 - FOR STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				YEAR	3. TIME OF DEATH			
	MILDRED	CORDRE	MONTH DAY	8 90	0521 Am				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG		ANDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHF Country	PLACE (State or Foreign			
m	9a. FACILITY NAME (if not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF DE	EATH			
DIRECTOR	Peninsula General Hospital		Salisbury, MI)	Wicon	nico			
REC	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?			
	Md. Wicomico	Del				12 YES 2 NO			
RAL	10e. STREET AND NUMBER		101. ZIP CODE 21875		10g. CITIZEN OF W	HAT COUNTRY?			
FUNERAL	2 West State Street 11. MARITAL STATUS 12. WAS DECEDENT EVE	D IN II S ADMED	13. WAS DECENDENT OF HISPA	NIC ODIGIN2 (Specify Vee	USA	- American Indian,			
	1 Never Married 2 Married IF YES, GIVE WAR OF	ES 2 NO	If yes, specify Cuban, Maxic	en, Puerto Rican, atc.)	Black, Specifi	, White, atc.			
ВУ	3 X Widowed 4 Divorced		To les a Mario	7:	Opacin	White			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	done during most of working	18b. KIND OF BUS	INESS/INDUSTRY				
Ä	Elamentary/Secondary (0-12) College (1-4 or 5+)	Floor L		Carmon	t Company	.,			
COMPLET	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden S		у			
	Joshua H. Burton			Mae Lewis					
BE (19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	PRESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)				
유	Madeline L. Hitchens	1021 Ma	rine Road Sal	Lsbury, Md.	21801				
	15 Burial 2 ☐ Cremation 3 ☐ Removal from State	other place) St. Stephen	N (Name of cornetory, cromatory or		mar, De.	wn, Stata			
	4 ☐ Donation 5 ☐ Other (Specify)	St. Stephen	22. NAME AND ADDRESS OF FA		mar, be.				
	William M. Sho	4/	Short Funeral P.O. Box 204 1	Home, Inc. Delmar, De.	19940				
	23. PART I. Enter the diseases, or complications that causing shock, or heart failure. List only one cause or	sed the death. Do not a	entar the mode of dying, su	ch aa cardlac or respir	atory arrest,	Approximate interval Batween			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):								
F	resulting in death) LAST								
AL CE	PART II. Other aignificant conditions contributing to deat	h but not resulting in ti	ne underlying cause given in			WERE AUTOPSY FINDINGS			
EDICA				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEC				_		1 - YES 2 - NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	O	26. PLACE OF OEATH (C	heck only one)					
1YS	1 YES 2 NO 1 Inpetient 2 ER/C 27. MANNER OF DEATH 28a. DATE OF INJU		Nursing Home 5 Residence 28c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW IP	A ILIEN OCCUPED				
	1 Natural 5 Pending (Month, Day, Yes	injury	WORK? M 1 YES 2 NO	200. DESCRIBE NOW II	BONT GOODNED				
2 Accident Investigation 28a PLACE OF INITIBRY — At home farm street feature office. 28f I OCATION / Street and Number of Bural Bodto Number.									
百	City or Town, State)								
J.E	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
MO	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.								
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1	29c. LICENSE NU	MBER	29d. DATE SIGNEO	6			
TO B	and (. Wille	~~~	337	96	► 7/B	190			
ř	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAL RU		A CONTRACTOR OF THE CONTRACTOR	SAL(SA	uny, n	2 21801			
7	31. DATE FILED (Month, Dey, Your) JUL 09 90 32. REGISTRAR'S S Gulia D	IGNATURE WINDOWN Fandall							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1820-7514. If the on the or the Parket as the parket of the median areas he satisfied at season
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, La	A.	CHAN	ΕY		2. DATE OF DEATH MONTH	/10	3. TIME OF DEATH 1:40PM M		
	4. SOCIAL SECURITY NUMBER 284 32 5673 9e. FACILITY NAME (If not institution, given	1 M 2 □ F 52	YRS. MOI	UNDER 1 YEAR OTHS DAYS CITY, TOWN O	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/9/38		BIRTHPLACE (State or Foreign Country) Alabama OF DEATH		
TOR	Washington Adve	ntist Hospital		Takoma	Park		Mont	tgomery		
DIRECTOR	Maryland M	ontgomery		lver Sp				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 13124 Cabinwood	Drive			21P CODE 20904	-	10g. CITIZEN	OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPANI belty Cuben, Maxican 2 NO Specify:	C ORIGIN? (Specify Y, Puarto Rican, etc.)	ea or No— 14.	r No— 14. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1/12	College (1-4 or 5+) 3 Years	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Howard	done during mo: tired.)	st of working		usiness/indust			
BE CON	17. FATHER'S NAME (First, Middle, Last) Henry Chaney					E (First, Middle, Maide Scott	en Sumame)			
TO B	190. INFORMANT'S NAME (Type/Print) Norita Chaney					oute Number, City or To e Silver				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)			N (Name of con	netery, cremetory or netery		LOCATION City or Town, State berlin, Ohio			
	21. SIGNATURE OF FUNERAL SERVICE Michael	A Linald	1	22. NAME AN	D ADDRESS OF FAC		New Ham	o.Ave.S.S.Md.		
CERTIFICATION	23. PART I. Enter the diseases of complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):									
PHYSICIAN: MEDICAL CI	PART II. Other significant condit	tions contributing to death be	ut not resulting in t	he underlying	g cause given in F		AN AUTOPSY ORMED? 2)() NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che					
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY			5 Other (Specify) 28d. DESCRIBE HOW	DW INJURY OCCURED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
TO BE	29b. BIONATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	Stown, MI	ATH (ITEM 27) (Time Brit		DOTO	85	17-	GNED (Month, Day, Year) (0 - 90		
	Amis A	BROWN, MI	1480	8 PHX	sicrapsL	ANE#2	12 Roc	ICVILLE MD.		
	JUL 11 '90	REGISTRATE SIGNA	-Randoll					25820		

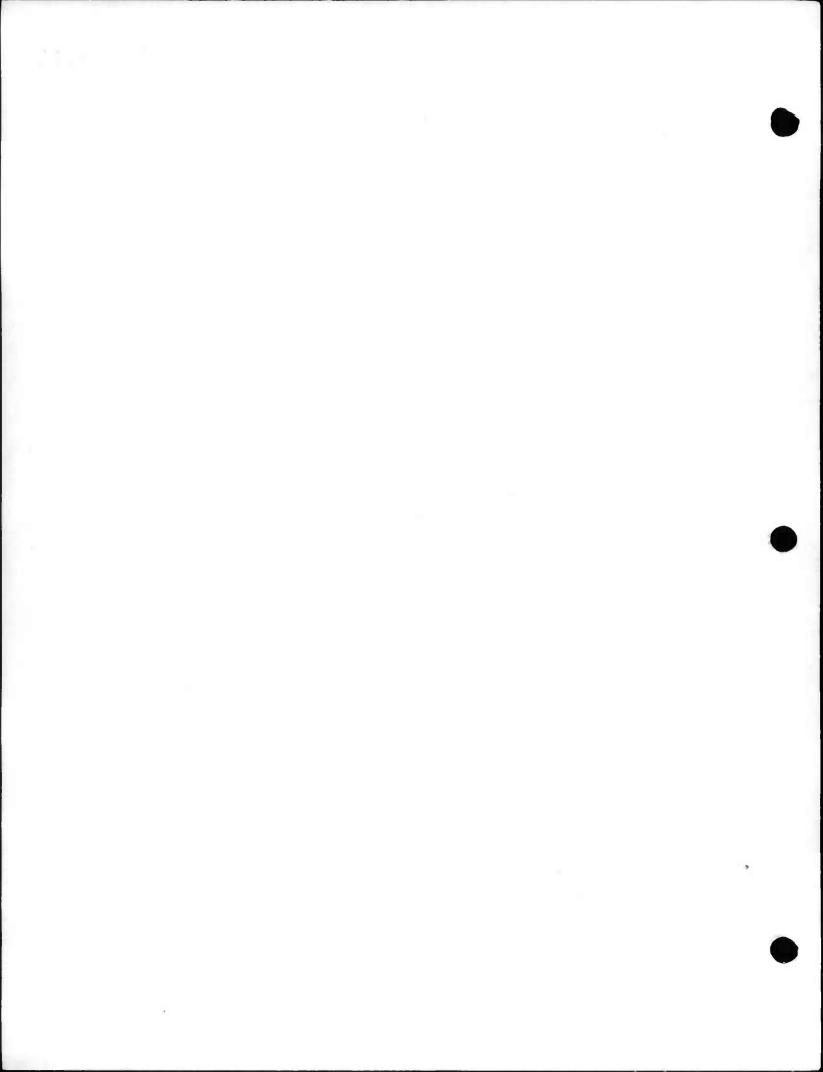
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH				3. TIME OF DEATH		
	RUTH H. CH				JULY 6		12:45 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign		
	082-70-2334 9a. FACILITY NAME (If not institution, give s	1 M 2 F 89	YRS.	ONTHS DAYS	HOURS MIN.	FEB. 27, 19		Country) EW YORK		
DIRECTOR	CIRCLE MANOR NURSING HOME				INGTON			GOMERY		
EC				TOWN OR LOCATI	ON			10d. INSIDE CITY		
	MARYLAND MONTGOMERY			SILVER SPRING				LIMITS? 1 YES 2 NO		
NA.	10e. STREET AND NUMBER		101. ZIP CODE				OF WHAT COUNTRY?			
岁	1312 WINDING WAYE LANE			20902				USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 No. IF YES, GIVE WAR OR DATES			WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yer if yes, specify Cuben, Mexican, Puerto Rican, etc.) □ YES 2 ☒ NO Specify:				e or No— 14. RACE — American Indien, Bleck, White, etc. Specify: ASIAN — DUTCH		
COMPLETED	(Specify only highest grade completed) (Give			BUAL OCCUPATION k done during most	N t of working	16b. KIND OF	BUSINESS/INDUST	TRY		
P	Elementary/Secondary (0-12)	College (1-4 or 5 +)	PROFESSOR	рнуст	CAT EDITO	ATTON				
No	17. FATHER'S NAME (First, Middle, Last)		H KOTESSOK	111131		ME (First, Middle, Maid	ien Surname)			
	KIN HUIE				LOUISE	VAN AU	TTN			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street an		Route Number, City or		de) 20902		
2	MARGOT C. WEI	(DAUGHTER)	1312 W	INDING	WAYE LAN	E SILVE	R SPRING	G.MARYLAND		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	eoval from State	b. PLACE OF DISPOSITI	ION (Name of cem	etery, crematory or	20c.	LOCATION — City	or Town, State		
	4 Donation 5 Other (Specify) METROPOLITAN CREMATORY ALEXANDRIA, VIRGIN							VIRGINIA_		
	21. SIGNATURE OF FUNERAL SERVICE L	MINSEE	/		S J. COI	CILITY LINS FUN	ERAL HOM	Æ. INC.		
	Deryam	monto	A Comment					PR.,MD. 20901		
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not	t enter the mod	la of dying, suc	h as cardiac or re	apiratory arreat	t, Approximate interval Between		
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel									
	disease or condition resulting in death) a. IN TRACREDIAL HERE REGION							MONTERS		
	DUE TO (OR AS A CONSEQUENCE OF):									
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
E	resulting in death) LAST									
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
SAL							FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă					1 YES	2 NO	OF DEATH?			
PHYSICIAN: MEDIC	——————————————————————————————————————					_		1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
2	EXAMINER?	HOSPITAL:		THER:						
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME			8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	RED		
	1 Netural 5 Pending	(Month, Day, Year)	INJUF	RY WOI	RK? ES 2 NO		1100/06/07 - 14/00			
BY	2 Accident Investigation 3 Suicide 8 Could and be 28e. PLACE OF INJURY — At home, farm					281. LOCATION (Street and Number or Rural Route Number,				
H	S Survive 8 Could not be determined City or Town, State)									
COMPLETED	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
N N	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
-	296, SIGNATURE AND TITLE OF CONTINE		29c. LICENSE NU	IGNED (Month, Day, Year)						
BE (Matie	(ij)	D0894V >				7/6/90			
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P.	Print)	-	2-7- FA	LANG.	T AVE		
	MARTIN C	. USHAR	6-6-6			CRATINO	202	MD-20895		
	31. DATE FILED (Month, Day, Year)	HEGISTRAR'S SIG	NATURE				-			
	nn 10'90	guna variason	- Hanack							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xmours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		- CE	INTIFIC	JAIL OI	DEAL	I ITI	HEC	i. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											
	ARTHUR J. COOPERMAN							July 6, 1990			2:50 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	-	IF UNDER 1 YEAR	HOURS	MIN.	7. DATE OF BIR (Month, Day, 1	Year)		TTHPLACE (State or Foreign untry)	
	085-28-9633 ¹\\$\mathbb{M}\mathbb{M}\mathbb{2}\ \sqrt{\mathbb{F}}\ \ 97		YRS.	MONTHS DATS HOUNS MIN.		2/12/18	893	R	ussia			
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH			тн	9c.	COUNTY O	F DEATH	
OR	Suburban Hospital				Bethesda				Montgomery			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				Dc. CITY, TOWN OR LOCATION					10d. INSIDE CITY		
E	Maryland Montgomery								LIMITS?			
7	104. STREET AND NUMBER				Kensington				10g. CITIZEN OF WHAT COUNT			
RA	3602 Sandy Court				20895				U.S.A.			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM							OBIGIN2 (See				
	1 Never Merried 2 Merried Never Merried 2 Merried Never Merried 2 Merried FORCES? 1 YES 2 NO			10	If yes, specify Cuban, Mexicen, Puer						ACE — American Indien, lack, White, atc.	
B	3 Midowed 4 Divorced	IF TES, GIVE Y	MA OR DATES		1 ☐ YES 2 X NO Specify:				Specify: White			
	15. DECEDENT'S EDUC (Specify only highest grade		16e. DE	CEDENT'S U	EDENT'S USUAL OCCUPATION 16			16b. KIND	16b. KIND OF BUSINESS/INDUSTRY			
	Elementary/Secondery (0-12)	College (1-4 or 5	life	Do NOT use	e kind of work done during most of working Do NOT use retired.)							
P	6		Je	weler	eler			Ma	Manufacturer			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First,					ame)		
BE	Jacob Co	ooperman			Bella Bilgor							
2	19e. INFORMANT'S NAME (Type/Print)							oute Number, City				
-	Jerome Cooperman							ington				
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remo	oval from State	other pla	nce)					20c. LOCATION — City or Town, State			
	4 Donation 5 Other (Specify)		_ Subu	rban	Cremat	Ory			<u>Silve</u>	r Spr	ing, MD	
	21. SACHAPHME OF FUNERAL SERVICE LIC	esger /	11						emori	al Ch	apels, Inc.	
0	Jeans	11	110	ne				Pike,				
	23. PART I. Enter the disasses, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disasses or condition resulting in death) a. CONGESTIVE HEART FAILURE. OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events raeuiting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND							24b. WERE AUTOPSY FINDINGS				
EDICAL	RENAL INSUFFICIENCY.								PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	MO CANCER					_ '⊔	T L TES 2 NO		DF OEATH? 1 YES 2 NO			
≥ :	1 1 163 2 1 10											
¥	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)											
Sic	EXAMINER? HOSPITAL: OTHER: OTHER:											
Y PHYSICIAN: M	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? A Setural 5 Pending 28d. DESCRIBE HOW INJURY OCCUREO INJURY WORK? 1 VES 2 NO							,				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm building, etc. (Specify)				street, factory, office 28f. LOC.				LOCATION (Street and Number or Rural Route Number, City or Town, State)			
<u> </u>	29e. CERTIFIER											
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end dua to the cause(a) and manner as stated. Check only One 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) and manner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER 2 D 36 55 2				29	29d. DATE SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL		M 27) (Type, I	orint) SE RI	AD	Ro	CKVIL	LE	MD	20852	
								,				
	31. OATE FILEO (Month, Day, Year)	32. REGISTR	Davidson				, ,					



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The	ate h	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within durs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 70 hours after death with the State Dent of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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S	R. A	-
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TAL	NA S	T: If Item 28 is marked, o
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E	TH	2
2	22	3

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND N	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last,	ROBERT CORRICK			2. DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH		
DIRECTOR	4. SOCIAL SECURITY NUMBER 485-14-6589	1 🖟 1 2 🗆 F	6 4 YRS. MONTO	W 1882 SOR RE-	7. DATE OF BIRTIN (Month, Day, Year) 08032	S IO	wa		
	90. FACILITY NAME (If not institution, give 506 RVT6 RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF DEL OCKVICLE	ATN	MON			
		ON TOOME.		KVILLE			10d. INSIDE CITY LIMIDS? 1 VES 2 NO		
FUNERAL	10e. STREET AND NUMBER SUB RUTG 11. MARITAL STATUS		S7	101. ZIP CODE 2085	0		ed States		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 ⚠ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF N If yes, specify Cuben, I 1 ☐ YES ※ ※ NO			, Puerto Ricen, etc.)	E — American Indian, ck, White, etc. city: White			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	Iffe. Do NOT use retin	one during most of working ad.)	16b, KIND OF BUSIN				
COMP	17. FATNER'S NAME (First, Middle, Last)				Finance Company s NAME (First, Middle, Meiden Surname)				
H	Ray Corrick 190. INFORMANT'S NAME (Typo/Print)	Ray Corrick Ine				State Zio Code)			
임	Betty Corrick				Rockville, Maryland 20850				
	20e. METNOD OF DISPOSITION 1 Description Burlet 2 X Cremetton 3 Description 3 Descript	moval from State	other place)	(Name of cometery, crematory or					
	4 O'Constion 5 Other (Specify) 21. SIGNATURE OF FUNDRAL SERVICE I						rk Drive		
NC	23. PART I. Enter the diseases, or ahock, or heart fellum immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Due to (or as	A CONSEQUENCE OF):	nter the mode of dying, auci	n as cardiec or respire	itory arrest,	Approximeta interval Between Onset and Death		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): a DUE TO (OR AS A CONSEQUENCE OF): d							
AL	PART II. Other significant conditions of the significant condition		but not resulting in the	e underlying cause given in	Part I. 24e. WAS AN A PERFORM 1 YES 2	AED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	26. PLACE OF DEATH (Ch	eck only one)				
BY PHYSICIAN: MEDIC		YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Medidence 6 Other (Specify) IER OF DEATN Netural 5 Pending Investigation Netural 5 Nursetigation Netural 6 Nursetigation Netural 288. PLACE OF INJURY At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Street and Number, farm, street, factory, office 281. LOCATION (Stree							
ETEC	4 Nomicide determined HEME SEE #10								
COMPLETED	29e. CERTIFIER (Check only 0'ne) 1 CERTIFINO PNYSICIAN: To the best of my knowledge, desth occurred at the time, date and piace, and due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.								
TO BE	206. SIGNATURE AND TITLE OF CERTIF	delley	118	29c. LICENSE NUM	9 9	P 7-3	D (Month, Day, Year)		
	FRANCIS	C MAY	KE 8200	Wisconsows	& BETH	ESDA	MB 26 814		
	31. DATE FILED (Month, Day, 1697)	Julia Davido	on-Randell		-				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1	1. DECEDENT'S NAME (First, Middle, Last			1			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
	Joseph Denn 4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	6 9 10	O O X 10 BIRTHPLACE (State or Foreign
	213 24 3069	1 🔀 M 2 🗆 F	63		MONTHS DAY		(Month, Day, Year)		country) Ashington, D
۳ ا	9a. FACILITY NAME (If not institution, give					N OR LOCATION OF DI	EATH	9c. COUNTY	
RECTOR	13416 Glen Mill Road Rockville Montgomer RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.								
DIR					10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
	10e. STREET AND NUMBER	ntgomery		ckvill	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	13416 Glen Mil		20850		Unit	ted States			
BY FUI	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2VTV	MED (O	If yes,	BECENDENT OF HISPAI apacity Cuban, Mexica ES 2 NO Specif			RACE — American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S E (Specify only highest gr		16a. DE	CEDENT'S I	USUAL OCCUP	ATION most of working		JSINESS/INDUST	RY
	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)					nest or working			Department
COMPL	12 - Surveyor of the Interio) L	
ш		vanaugh			Annie	Hill	i Surrame)		
10 B	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or To				
	Ann Cavanaugh								
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	other pl	Po Ch	tomac urch C	United Me-	thodist Po	tomac,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME	AND ADDRESS OF FA	CUTY Robert	A. Pur	mphrev Funer
	David E.	Pesry	M0080	3			e, inc. 30 ille, Mary		Montgomery 0850-2805
	23. PART i. Enter the diseases, abook or heart falls				ot enter the	mode of dying, suc	h as cardiac or res	piratory arrest	, Approximate Interval Between
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition.)								Onset and De
- 1	disease or condition								
	resulting in death)	a. /// / // // // DUE 70 (OF	AS A CONSE	DUENCE OF	FL	INFA	R CTION	2	ACUT
ERTIFICATION	resulting in death) Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSE	QUENCE OF): 	DIOUBEL	CUARS	Set	ACUTI INDE
EDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO (OR	R AS A CONSE	QUENCE OF):]:		Part I. 24a, WAS A	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDIN
MEDICAL CERTI	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit	DUE TO (OR DUE TO (OR d	R AS A CONSE	QUENCE OF	n the underl		Part i. 24a. WAS A PERFC	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH?
SICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are also as a sequence of the conditions of the conditions of the conditions of the conditions of the cause of the cause of the conditions of the cause of the cau	DUE TO (OR DUE TO (OR d. tiona contributing to de	t AS A CONSE	QUENCE OF	n the underly	ying cause given in	Part i. 24a. WAS A PERFC 1 YES	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH?
PHYSICIAN: MEDICAL CERTI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are supported by the condition of	DUE TO (OR DUE TO (OR d. HOSPITAL: 1 Impattent 2 El 28a. DATE OF IN. (Month, Day,	ath but not a	QUENCE OF	OTHER: 4 □ Nursing I	/ing cause given in	Part i. 24a. WAS A PERFC 1 YES	N AUTOPSY PRIMEO? 2 X X NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTI	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions to the condition of the condition	DUE TO (OR DUE TO	ath but not a	QUENCE OF	OTHER: 4 Nursing E OF PRY M 1	ying cause given in PLACE OF DEATH (C) fome 5 Rasidence INJURY AT WORK? YES 2 NO	Part i. 24a. WAS A PERFC 1 YES 1 YES 26d. DESCRIBE HOW 26f. LOCATION (Stree-City or Town, Stat	N AUTOPSY ORMED? 2XXNO INJURY OCCUR	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DE CAUS DE DEATH? 1 YES 2 NO
PLETED BY PHYSICIAN: MEDICAL CERTI	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigated a Could not determined. 29a. CERTIFIER (Check only)	DUE TO (OR d	ath but not a R/Outpetlent 3 BURY Hoar) R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3	DOMESTING IN THE PROPERTY OF T	OTHER: 4 Nursing (EOF 28c. Why M 1	PLACE OF DEATH (C/ forme 5 Residence INJURY AT WORK? YES 2 NO	Part i. 24a. WAS A PERFC 1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Stree City or Town, State Street City	N AUTOPSY PRIMEO? 2 X YNO INJURY OCCUR At and Number or (a) ###################################	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTI	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are successful to the condition of the condition o	DUE TO (OR DUE TO (OR d. DUE TO (OR d. HOSPITAL: 1 Inpattent 2 El 28a. DATE OF IN. (Month, Day, 26e. PLACE OF IR building, etc. HYSICIAN: To the best of axam	ath but not a R/Outpetlent 3 BURY Hoar) R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3	DOMESTING IN THE PROPERTY OF T	OTHER: 4 Nursing (EOF 28c. Why M 1	Ving cause given in PLACE OF DEATH (C/ fome 5 ♣ Rasidence INJURY AT WORK? YES 2 ♣ NO Iffice data and place, and duen, death occured at the	Part i. 24a. WAS A PERFC 1 VES 1 VES 3 Other (Specify) 28d. DESCRIBE HOW City or Town, State of the cause(a) and me time, data and place, a	N AUTOPSY PRIMED? 2 X YNO INJURY OCCUR It and Number or 10 enner as stated, and due to the co	24b, WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO
OMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigated a Could not determined. 29a. CERTIFIER (Check only)	DUE TO (OR DUE TO (OR d. DUE TO (OR d. HOSPITAL: 1 Inpattent 2 El 28a. DATE OF IN. (Month, Day, 26e. PLACE OF IR building, etc. HYSICIAN: To the best of axam	ath but not a R/Outpetlent 3 BURY Hoar) R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3 R/Outpetlent 3	DOMESTING IN THE PROPERTY OF T	OTHER: 4 Nursing (EOF 28c. Why M 1	PLACE OF DEATH (C/ forme 5 Residence INJURY AT WORK? YES 2 NO	Part i. 24a. WAS A PERFC 1 VES 1 VES 3 Other (Specify) 28d. DESCRIBE HOW City or Town, State of the cause(a) and me time, data and place, a	N AUTOPSY PRIMEO? 2 X YNO INJURY OCCUR It and Number or in the common sestated. and due to the common sestated.	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO

Julia Davidson Randoll

31. DATE FILED (Month, Day, Year)

JUL 0 9 '90

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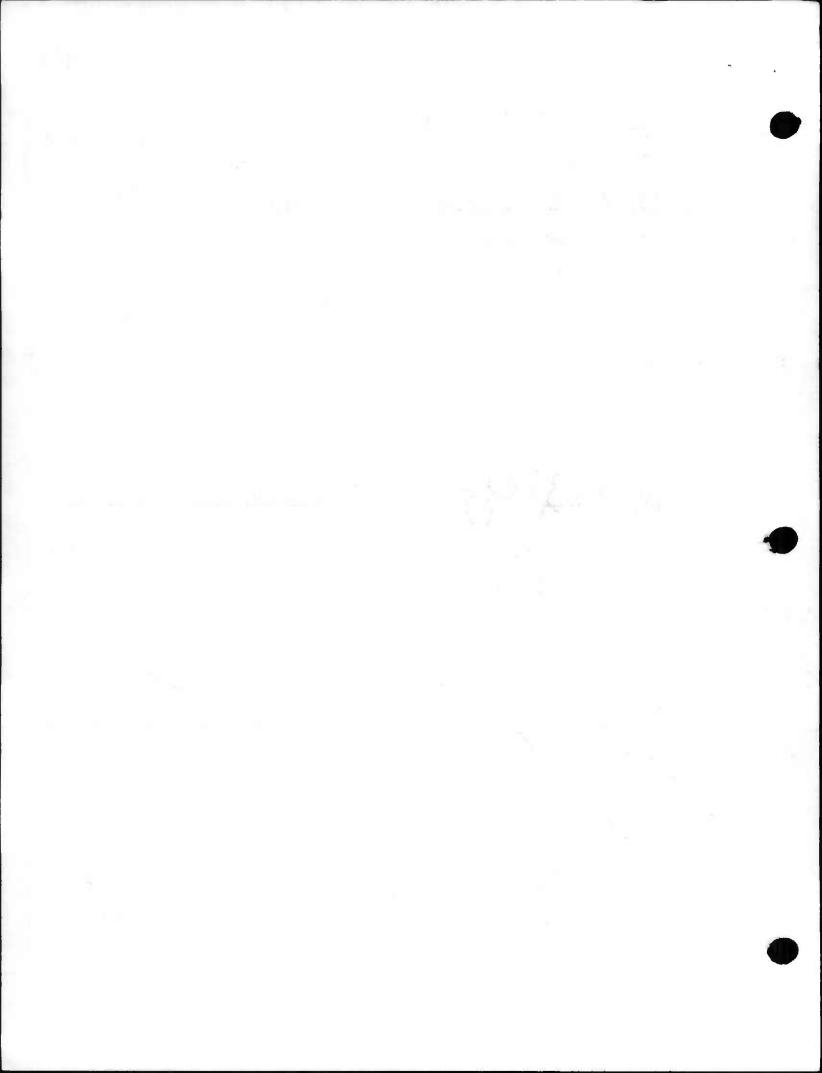
DIVISION OF VITAL RECORDING OF ATTENDING PHYSICIAN: The law require FRAL DIRECTOR: After this certificate has been sign in 72 hours after death with the State Dept. of Heat if Item 28 is marked, or Item 23 shows	DRDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IT: If Item 28 is marked, or item 23 shows any injury, or of

STATE OF MARY	AND / DEPARTMENT	OF HEALTH	AND MENT	AL HYGIENE
	CERTIFICATE	OF DEA	ГН	REG. NO.

	FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM	MENT OF H	EALTH AND N DEATH	MENTAL HYGIENI REG. NO.	E	trial O free [
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF OEATH
	PAULINE C.	CUMBERLAN	1D			7	7 199	
1	4. SOCIAL SECURITY NUMBER 5. S			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign puntry)
	291-03-4258 1 [9a. FACILITY NAME (If not institution, give street a	M 2 F 92	YRS.		R LOCATION OF DE	(Month, Day, Year) 1-22-189	9c. COUNTY O	New York
OR	Berlin Nursing			Berli	n, Md.		Word	cester
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCATI	ON			10d. INSIDE CITY
BIG	Md. Worce	ster		Berlin				LIMITS?
AL	10e. STREET AND NUMBER			101.	ZIP CODE		-	OF WHAT COUNTRY?
FUNERAL DIRECTOR	11 Portside Cour				21811		U.S	
	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yea, spe		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		tACE American Indian, Black, White, etc. Specify:
D BY	3 Widowed 4 Divorced			<u> </u>				White
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	pleted)	DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos	N it of working	16b. KIND OF BUS	SINESS/INDUSTF	TY .
PLE	Elementary/Secondary (0-12) Co	illege (1-4 or 5+)	At	Home			-0	
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
BE (David Cranston					e Blauvelt		
2	190. INFORMANT'S NAME (Type/Print) Agnes Bennett					Berlin, M		
	20e. METHOD OF DISPOSITION	20b. PLA	CE OF DISPOSITI		netery, crematory or		CATION City of	
	1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	Irom State other	Sali	sburu C	rematoru	CILITY	Salisbu	iny. Md.
ŀ	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E /			E SPECIAL SERVER			
	John S. Mill	U		ULLA	ich Fune	ral Home	Berlin,	, Md.
	23. PART I. Enter the diseases, or companions abook, or heart fellure. List			enter the mo	de of dying, suci	h as cardlec or respi	ratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	But	- 11		al), , ,		Onset and Death
	reaulting in death) a. Due to (or as a consequence of:							
Z	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF: Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF:							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEOUENCE OF):	e				-
E	resulting in death) LAST							
	PART ii. Other aignificent conditions co	ontributing to death but no	ot resulting in	tha underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
CAL					,	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 _ YES 2	l No	OF DEATH?
N								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
IXSI		Inpatient 2 ER/Outpatient	3 🗆 DOA 4	Nursing Hom		8 Other (Specify)		
H	1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	RK?	28d. DEŞCRIBE HOW	NJUHY OCCURE	:0
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY At building, etc. (Specify)	home, farm, atre	et, factory, offic	•	28f. LOCATION (Street City or Town, State)		ural Route Number,
ETE	4 Homicide determined	, , , , , , , , , , , , , , , , , , , ,				cally da tolling distal		
Significant Section of the determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of the caus								
S	2 MEDICAL EXAMINER: 0	n the basis of examination end.	or investigation,	in my opinion, d	eath occured at the	time, date and place, ar	nd due to the ca	use(s) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		29d. DATE SIG	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 27/Type. Pi	rint)	D02026	0	/ /	N-70
	Federico Arthes		*****	,	Berlin	, MD 218	11	
,_	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR Julia Davidson-		•				
15	JUL 7 0 '90	guia Davidson-	Mandall.					

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ING	After
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
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	1 - FOR STATE OF MARY!		ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	400	UNDER 1 YEAR IF UNDER 24 HRS, ITHS DAYS HOURS MIN.	2. DATE OF DEATH DAY TO DATE OF BIRTH F(Month, Day, Year) F(D) 1902	S. TIME OF DEATH O'O'O M S. BIRTHPLACE (State or Foreign Country) Maryland			
CTOR	215-36-5193 1 M 2 D F 8 S. FACILITY NAME (If not institution, give street and number) THESIDENCE OF DECEDENT		CITY, TOWN OR LOCATION OF DE		Mary Land			
DIRECTOR	Maryland Prince Georges		andywine		10d. INSIDE CITY LIMITS? 1 YES 2 MO			
FUNERAL	17305 Aquasco Road		101. ZIP CODE 20613		USA			
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexical 1 YES 2 NO Specify	n, Puerto Rican, atc.)	- 14. RACE - American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re Farmer	done during most of working	Agricult	33-07			
BE COM	17. FATHER'S NAME (First, Middle, Last) James H. carr			ME (First, Middle, Maiden Surnam a. S. Wood	10)			
10 B	Stuart K. J. Carr, Jr.	16710	Brandywine Rd.	, Brandywine,	Md. 20613			
	20a. METHOD OF DISPOSITION 1 S Burlel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)	rinity Mem	orial Gardens	Waldor	N — City or Town, State Cf, Md.			
	► WILL BUNG	>	22. NAME AND ADDRESS OF FA HUNTT FUNCT P. O. box		Md. 20604-0156			
NOI	Sequentially list conditions, b. A. DIE TO (OR AS		PVVE	Andrews	Approximete Interval Between Onset and Deeth			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED?							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 0 1		26. PLACE OF DEATH (Ch THER:					
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME O	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d, DEŞCRIBE HOW INJURY	OCCURED			
<u> </u>		RY — At home, farm, stree ec/ly)	rt, fectory, office	28f. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examinet							
TO BE C	296 SIGNATURE AND TITLE OF CEATURE		29c. LICENSE NUI		DATE SIGNED (Month) Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF IT	MANCH	t 11.0	Chiton, M	10 20735			
	31. DATE FILED (Month, Day, York), 90 32. REGISTRAR'S SK	enature avidson-Randel	2.					



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UN ALLENDING PRINCIPAL LINE IN TEQUINES THAT THE UPSET OF CHARGE OF CACALLON MINISTER AND DESILIE FAGE OF THE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl	ter	and the second property of the second property of the second of the second second property of the second property
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	FOR STATE REGISTRAR	TATE OF MARYLANI		MENT OF H			GIENE		
	1. DECEOENT'S NAME (First, Middle, Last)	- 1	RAID	DEN		2. DATE OF DI		YEAR 90	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE (In yrs	i. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BI	Year)		HPLACE (State or Foreign try)
OR	9a. FACILITY NAME (if not institution, give street or Baltimore County		a 1 .		RLOCATION OF DE	ATH	9c. (Balt	imore
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNTY Md. Baltin	nore	re 10c. city, town or location 10619 Stevenson 1			i.			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 10619 Steve	enson Rd.		101	21153		10g.	CITIZEN OF	WHAT COUNTRY?
BY FUN	1 Never Merried 2 X Merried	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	NO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexico 2 WNO Specify	n, Puerto Rican,		- 14. RAC Blac Spe	E — American Indian, ck, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition of th	ON 16a pleted) plege (1-4 or 5 +)	(Give kind of wi		n st of working ontractor		of Business Painti		
	17. FATHER'S NAME (First, Middle, Lest) William Elmer	Crudden			18. MOTHER'S NA			ne)	
TO BE	190. INFORMANT'S NAME (Type/Print) Opel M. Crudden				nd Number or Rural F				53
	20e. METHOD OF DISPOSITION 1 1	from State D1	ACE OF DISPOSI or pigco) ruid Ri	dge Ceme	etery		20c. LOCATION Pikes		
	21. SIGNATURE OF FUNERAL SERVICE LIGHTS A CONTROL OF FUNERAL SERVICE LIGHTS A CONTR	rd -		Eckha	ardt Fund Reister	eral Ch	_	wings	21117 Mills, Md.
	23. PART i. Enter the diseases, or companies shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)		iine.						Approximate interval Between Onset and Death
CERTIFICATION	disease or condition resulting in death) a. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. CHRONIC OBSTRUCTIVE LUNG DISCASE 1 YES 20							b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. PL	ACE OF OEATH (Ch	eck anly one)			
IYSI	1 YES 2 NO	Inpatient 2 ER/Outpatie		4 - Nursing Hom	e 5 Residence				
	Natural 5 Pending	(Month, Day, Year)	26b. TIME	URY WO	RK?	280. DESCRIB	E HOW INJURY	OCCUREO	
TED BY	2' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	26e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street end Nu City or Town, Stete)					imber or Rura	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: 0	: To the best of my knowledg in the bests of examination en							(a) and menner as stated.
B	296. SIGNATURE AND STEE OF CENTIFIER	Jul	MI	>	29c. LICENSE NUI	MBER 57	29d.	DATE SIGNE	10 -90
우	DE NAME AND ADDRESS OF PERSON WHO CO	FIESTRE	BAL	TIMOL	LE COU	NIY 6	ENER	AL	HOSPITAL
	31. DATE FILED Atorth, Day, New)	32. REGISTRAR'S SIGNATU	Son-Rand	400		/			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by the hospital or attended on the contraction of the property of the pro	ould be detached for use man man		ed at once.
ours after death. Page 6 may be retai	ed in by the funeral director, page 5 sh	or removal.	medical examiner must be notif
ith certificate be executed within	tending physician and completely fille	al Hygiene prior to burial, cremation,	or other traumatic event, the
JAN: The law requires that the dea	rificate has been signed by the att	he State Dept. of Health and Menta	or item 23 shows any Injury,
O THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

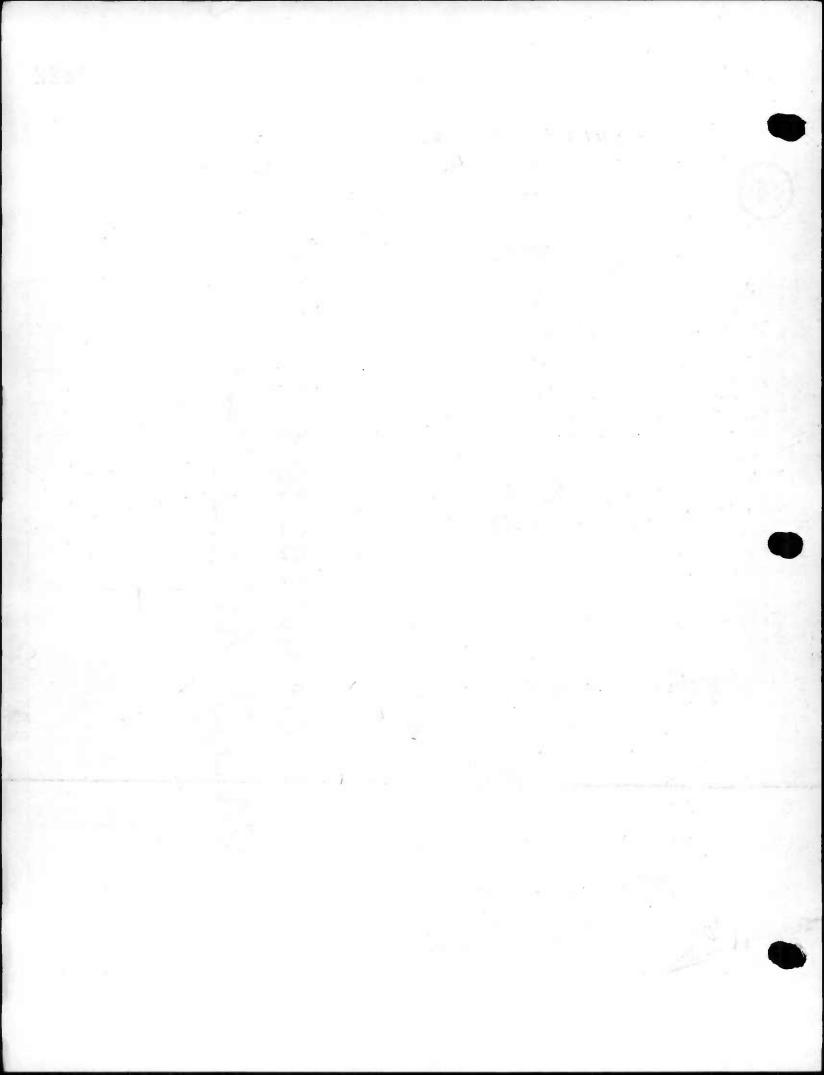
BALTIMORE, MARYLAND 21203

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTA	REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) DAMIELLE RE	MEE Du	oley			2. DATE MONTI	OF DEATH	9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER N/A	5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DAT MONTHS DAYS HOURS MIN. (MC)						70 i	BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	98. FACILITY NAME (If not institution, give of SOUTHERN MAR	SOUTHERN MARYLAND HOSPITAL CLINTON						PRINC	
DIRECTOR	10e. STATE 10b. COUNT MD. CHA	WN OR LOCAT	ON OR LOCATION				10d, INSIDE CITY LIMITS? 1 YES 2 X NO		
ERAL	100. STREET AND NUMBER						OF WHAT COUNTRY?		
BY FUNE	539 RIDGE COURT 11. MARITAL STATUS 1	MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES GIVE WAR OR DATES			20601 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ YES 2 ▼NO Specify:				S.A. RACE — American Indian, Black, White, etc. Specify: WHITE
TO BE COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondery (0-12)		16a. DECEDENT'S USU (Give kind of work of life. Do NOT use ret	done during mo:	DN st of working	16b	. KIND OF BUS	INESS/INDUS	
	N/A 17. FATHER'S NAME (First, Middle, Leet) ROBERT PHILLIP D		18. MOTHER'S N		Middle, Malden				
	10a. INFORMANT'S NAME (Type/Print) ROBERT S. DUDLEY	, JR.	19b. MAILING ADO		nd Number or Rura	l Route Num	ber, City or Town	n, State, Zip Co	^{do)} MD. 20653
	22. NAME AND ADDRESS OF FACILITY NEC FUNECAL HOME. P.O. BOX 270, LEONARDTOWN, MD. 20650 23. PART I Enter the diseasee, pr complicatione that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, interval disease or condition resulting in death) S. HODROSEUCEPHAM OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL CE	PART II. Other eignificant conditio	ne underlyin	g cause given i	n Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		28c. INJ WO				NJURY OCCUP	RED
ETED 8	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spe	IY — At home, firm, stree ecify)	t, factory, offic	•		CATION (Street or Town, State)		Rural Route Number,
COMPLE	COLUMN	SICIAN: To the best of my know							suse(a) and manner as stated.
TO BE C	296. SUMMATURE AND YITLE OF DENTIN	1/2/10	unh		D17020			P 7	SGO
-	30. NAME AND ADDRESS OF PERSON W MICHAEL H. HOTCH				KE SQUAF	RE, W	ALDORF	, MD.	20603
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG							

Land of the second

1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH	AY YI	3. TIME OF DEATH
	UNEL	A DE	VINI	GEN7	75			J414 5	1950	0517 M
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.		IF UNDER 1 Y	PAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
222-26-687		1 X M 2 - F	46	YRS.				JUNE 24,		Delaware
eninsula Ge							R LOCATION OF DE	HTA	9c. COUNTY	
RESIDENCE OF DE		nospicai			balls	bur	y, MD		Wicon	1100
10a. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR	LOCAT	ION			10d, INSIDE CITY
NC		ASHE		Wes	t Jef	ffe	rson			1 TYPES 2 NO
10e. STREET AND NUMBER						101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
PO Box 1174	4						28694			U.S.A.
11. MARITAL STATUS 1 Never Married 2	Marriad	12. WAS DECEDEN FORCES? 1						NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, atc.
3 Widowed 4 Div		IF YES, GIVE Y	AN OR DATES		1	YES	2 NO Specif	y:		Specify: White
	CEDENT'S EDU			DECEDENT'S L	JSUAL OCC	UPATIO	DN .	16b. KIND OF BU	SINESS/INDUS	
(Specify on Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5)	(Give kind of willife. Do NOT use	ork done dur retired.)	ring mos	st of working	-		
9th				Horse	Trai	ne	r	Rac	cing	
17. FATHER'S NAME (First, A	Aiddle, Last)							ME (First, Middle, Meider	Surname)	
Unka	nown						Flean	or Harkens	tine	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	Street a		Route Number, City or Tov		de)
Virginia I	The state of the s	10						ord, Dela	ware 19	9973
20a. METNOD OF DISPOSIT	on 3 Bem	oval from State	20b. Pt.A othe	CE OF DISPOSI place)	TION (Name	of cen	netery, crematory or	20c. L0	CATION — City	or Town, State
4 Donation 5 ☐ Othe 21. SIGNATURE OF FUNER/		where .	- L S	t Joh	nstow	m (Cemetery	Gree	nwood,	Delaware
16/11	7	7. 1	(4	1 40					
23. PART I. Enter the c	n 18	MISCHOU	ver)	Hr.	11	eıs	schauer	Funeral Ho	me, Gr	eenwood, De.
IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events resulting in death) LAS	tions, ediate ling ury	DUE TO	(OR AS A CON	SEQUENCE OF):			ny Vo my	disin	Onset and Death
PART II. Other signific Adult 25. WAS CASE REFERRED EXAMINER?	Rup	insory		nos	Syr	nd		PERFO	N AUTOPSY RMED? 2	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
1 YES Z	-1	HOSPITAL:	ER/Outpetient		OTHER: 4 Nursin	g Hom	e 5 Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE Of (Month, E		26b. TIME INJU	JRY	WO	URY AT PRK? YES 2 NO	28d, DESCRIBE HOW	INJURY OCCUR	ED
9 Devlotelo	Could not be determined	26e. PLACE Coulding,	PF INJURY — Al atc. (Specify)	home, farm, at	treet, factor	y, office	•	261. LOCATION (Street City or Town, State		Rural Route Number,
anni								to the cause(a) and me		suse(s) and manner as stated,
296. SIGNATURE AND TITL	E OF CERTIFIE						29c. LICENSE NU	MBER	29d, DATE S	IGNED (Menth, Day, Year)
Clayla	06	raal	m				D19.	189	21	5/90
PO BOK	012	6 Sal	s bur	TEM 27) (Type,		21	180 /		7	/
31. DATE FILED (Month, Day) JUL 06 90	Year		AR'S SIGNATUR							
-11-12	0									ONMH-16 Rev 1/86



BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-trope tiled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed with	and comple burfal, crei	natic even
BOX	ficate be e	physician ne prior to	ner traum
P.0.	eath certif	attending rtal Hygle	y, or oth
RDS,	hat the d	d by the	ny Injur
SECO	requires t	een signe of Health	shows a
TAL F	: The law	tate Dept.	item 23
F	YSICIAN	s certific	10 'pe
ONC	HI DNIC	After thi	s mark
/ISI	ATTENI	S after	28 is
2	NL 0R	L DIRE	t Item
	OSPITA	UNERA	ANT: I
	TO THE H	THE F	IMPORT
	-		_

	1 - FOR STATE OF N		RTMENT OF HEALTH		L HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) ADDIE ELIZABETH	Done	hoe	2. DATE	OF DEATH	1990	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 214-10-7680 1□ M 2 □ XF	6. AGE (In yrs. lest birthday) 85 YRS.	MONTHS DAYS HOURS	MIN. (Month	о г віятн h, <i>Day, Ybar)</i> 5,19(05 MA	RTHPLACE (State or Foreign untry) RYLAND		
TOR	90. FACILITY NAME (If not institution, give street and number) Peninsula General Hospita	1	Salisbury			9c. COUNTY O	F DEATH COMICO		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARYLAND WICOMICO	10c. Cr	TY, TOWN OR LOCATION MARDELA SPRIM	NGS	5		10d. INSIDE CITY LIMITS? 1)(X YES 2 \sum NO		
FUNERAL	100. STREET AND NUMBER MAIN STREET	•	101. ZIP CODE 2.18			10g. CITIZEN O	A A		
BY FUN	11. MARITAL STATUS		13. WAS DECENDENT OF If year, specify Cubar 1 Test 2 XI NO	n, Mexican, Puerto		B	ACE — American Indian, lack, White, etc. pecify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) O VE ADC NIO	(Give kind of	S USUAL OCCUPATION work done during most of working use retired.)	g 16b		INESS/INDUSTR			
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)						ANS		
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DOROTHY TINGLE-SISTER PO BOX 157, MARDELA SPRINGS, MD 21837								
	20e. METHOD OF DISPOSITION 7/7/90 10 Burlet 2 Cremetion 3 Removal from State	EMMANUEL CHURCH CE	UNITED METHO	TTST		CATION — City o	PRINGS, MD		
	21. SIGNATURE OF FUNETIAL SURVICE LICENSEE	loua	22. NAME AND ADDRES HOLLOWAY FI 501 SNOW I	UNERAL H			ID 21801		
	PART I. Enter the diseases, or complications the abock, or heart failure. List only one cau IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO	ise on each lina.	not enter the mode of dyl	ng, such as can	diac or respi	ratory arreat,	Approximate Interval Between Onset and Death		
CERTIFICATION	ff any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEQUENCE (
MEDICAL	PART II. Other significant conditions contributing to	death but not resulting	in the underlying cause g	given in Part I.	24s. WAS AN PERFOR 1 — YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 19-MO 1 Input lent 2	TER/Outpetient 3 🗆 DOA	OTHER:	EATH (Check only o	Processore				
	27, MANNER OF GEATH 1 Netural 5 Pending 28e. DATE OF (Month, D	ME OF JURY MORK? M 1 YES 2	28d. DE		NJURY OCCURE	0			
TED BY	3 Suicide 28a. PLACE C	OF INJURY — At home, farm etc. (Specify)				i (Street end Number or Rural Route Number, rn, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basic of a		•				se(s) and manner ee stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAU	m.g.	20	359	١	29d. DATE SIG	NED (Month, Day, Year)		
	1 30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF OLAIM (ITEM 27) /74	ne Printi						

S. Salisbury Blvd & Pine Bluff Rd, Salisbury, Md
32. REGISTRAR'S SIGNATURE

30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S.

John T. Bulkeley,

31. DATE FILED (Month, Day, Year)

JUL 0 6 '90

DHMH-16 Rev 1/89

BE

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Margarita A.
31. DATE FILED (Month, Day, Ybar)

									10	20224
	FOR STATE	STATE OF MARYLAND								
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		EKIIFI	CATE OF	DEATH	2. DATE OF D	EG. NO.		_	3. TIME OF DEATH
ľ						MONTH	DA		YEAR	
	WILLIAM 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. i	DAV	IS IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 7. DATE OF B	2			6:39 am M
		4 D H a D s		MONTHS DAYS	HOURS MIN.	(Month, Day			Country)
	218-58-0647 9a. FACILITY NAME (If not institution, give str	X 3/		DE CITY TOWN (OR LOCATION OF DE	5 2	5	9c. COUNT		land
œ			.			-810				
5	Peninsula Gener	al Hospital(EK)	Sa.	lisbury			l Wi	com	ico
Ĕ.	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	TION					10d. INSIDE CITY LIMITS?
a	Maryland Wi	comico	Sa1	isbury						1 TYES 2 NO
AL	10e. STREET AND NUMBER				. ZIP CODE	- :		10g. CITIZI	N OF W	HAT COUNTRY?
ER	408-B Woodview	Square			21801			Ι τ	J. S	. A.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2			ENDENT OF HISPAN			or No— 1	4. RACE	- American Indian, White, atc.
	1 Never Married 2 Merried	IF YES, GIVE WAR OR DATES	Жио		ecify Cuben, Maxice 2 XNO Specify		, etc.)		Specif	v:
Э ВУ	3 Widowed 4 Divorced									white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION 16e. 1	(Give kind of w	USUAL OCCUPATION ork done during more retired.)	ON est of working	16b. KIN	D OF BUS	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)						_		
MP	12	Con	nstruc	tion Wo		Pavi				
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			Surneme)		
BE	William J. Davis				Georgia					
2	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural				(ode)	
	William J. Davis				ce Seaf	ord, Di	_	9/3 CATION — C		
	1 ☐ Burlel 2 X Cremetion 3 ☐ Remo	ovel from State Other	place)		metery, cremetory or matorium					
	4 Donation 6 Other (Specify)		ern sn		ND ADDRESS OF FA	CHITY	Geo	rgetov	лı,	DE
	- 11	11/1/			-Windsor-		coon	Funer	ral	Ноте
	William W	· SKOY L			Box 678					nome
	23. PART I. Enter the diseases, or c	complications the crused the Liet only one cause on each if		ot enter the mo	de of dying, suc	h es cerdiec	or reep	iratory arre	et,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	let only one ceope on eech ii	me.							Onset and Death
	disease or condition resulting in death)	ARTERIOSCLER	OTTC C	ARDTOVA	SCULAR D	TSEASE				
- 1	Treating in deatily	DUE TO (OR AS A CONS			D,0024211_D,	202102				
z		a								
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate	DUE TO (OR AS A CONS	SEOUENCE OF):						
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	ı								
E I	that initiated events resulting in desth) LAST	OUE TO (OR AS A CONS	SEOUENCE OF	7):						
H	resulting in destiny Excit	d								
- 1	PART II. Other significant condition	s contributing to death but no	t resulting I	n the Underlyln	g cause given in	Part I. 24			24b.	WERE AUTOPSY FINOINGS
5						*	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ ''	1 1 1 2 3	. O NO		OF DEATH? 1 □ YES 727 7000
1 TES7									1 123/2/2/3010	
Z5. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
EXAMINER? HOSPITAL: OTHER: OTHER: 1 Pres 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)										
27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							URED			
	1 Netural 5 Pending	(Month, Day, Year)	INJ		ORK? YES 2 NO					
2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, fectory, office 281. LOCATION (Street and Number or Ru							or Rural F	loute Number,		
	4 Homicide determined	building, atc. (Specify)				City or To	wn, State	,		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge,	death con-	and set the same of the ba	and place and do	a to the enural	and m-	nner en etct-	d	
MP	Check only	R: On the best of my knowledge,) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIES			12/11/11/11	29c. LICENSE NU					(Month, Day, Year)
111	and the second second section in	4 /			I SAME THAT MAN			I man marit	~	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

,M.D

Korell

'90

Penn Street ,

July 3, 1990

OCME

Balto., Md., 21201

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, La	EJ-00	De	11160		2. DATE OF DEATH	AY YE	AR 3. TI	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	5 SEX B. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	JUNE A		BIRTHPLAC	E (State or Foreign
	314-18-4188 9a. FACILITY NAME (If not institution, gir	8 1 XM 2 □ F 79 YRS. MONTHS DAYS HOURS MIN. OF 13						OF DEATH	bury Md
DIRECTOR	PENINSULA GENER	RAL HOSPITAL	31		SBURY, M			ICOMI	со
REC	10a. STATE 10b. COU		10c. CITY, 1	OWN OR LOCAT	ON			10d.	INSIDE CITY LIMITS?
		COMICO	SAL	ISBURY					YES 2 NO
RAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN		COUNTRY?
FUNERAL	922 E CHIIRCH 11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DEC	21801 ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	U.S. A	RACE - A	merican Indian,
	1 Never Married 2 Narried	FORCES? 1 X YES		If yes, spe		ricen, Puarto Rican, atc.) Blaci			ta, atc. WHITE
D BY	3 Widowed 4 Divorced		Liver	<u> </u>	20	Latinium and			WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gi	ade completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo:		16b. KIND OF BU	IS!NESS/INDUS	TRY	
P.	Elamentary/Secondary (0-12)	College (1-4 or 5+)	BUILDE	R		HOMES			
Ö	17. FATHER'S NAME (First, Middle, Last)		BOTESE			ME (First, Middle, Malder			
BE C	EDGAR LITTLETO	N DENNIS			BERTHA	A GERTRUDE	DENNI	S	
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			21001
	CORA V. DENNI	Y				,SALISBUR			
20a. METHOD OF DISPOSITION 1 Burial 2 Termation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or SALISBURY CREMATORY SALISBURY, MD.									
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE LO DO CA	201/		NOW HIL	CILITY L RD., SAI	ISBURY	, MD.	21801
	23. PART I. Enter the diseases, shock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List only ona ceuse on e			a of dying, auc		olratory erreat	,	Approximata Interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 NO 10 YES 2 YE						RE AUTOPSY FINDINGS ILABLE PRIOR TO IPPLETION DF CAUSE DEATH? YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICA			28. PL	ACE OF OEATH (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL:		OTHER:		8 Other (Specify)			
Ήζ	27, MANNER OF GEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED	
2 Accident Investigation 286, PLACE OF INJURY — At home, farm, street, factory, office 286, LOCATION (Street and Number or Bural Route									
							Rural Route	Number,	
COMPLETED	(Crieck offy	HYSICIAN: To the best of my know							I manner as stated.
								nth, Day, Year)	
BE	Trebolde	Some			D260			20.90	
10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Typo, P	ishows			-		
1	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		-				

BALTIMORE, MARYLAND 21203-3146

FOR

90-20226

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CE	RTIF	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF C			3. TIME OF	OEATH
	Beatrice M. Deal	0			MONTH	04	97		USAM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		6. B	IRTHPLACE (State	or Foreign
	214-05-1563B 1 1 M 2 X F 82	YRS.	MONTHS DAYS	HOURS MIN.	May 1			Maryla:	nd
	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN C	R LOCATION OF DE			Bc. COUNTY (
œ								e Aruno	1.01
읽	20 Spa View Circle RESIDENCE OF DECEDENT		Annap	OIIS			MILL	e aruno	TeT
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	ION				10d. INSIDE	CITY
	Maryland Anne Arundel	A	nnapol	is				1 X YES	
A.	10e. STREET AND NUMBER		101	ZIP CODE			10g. CITIZEN	OF WHAT COUNT	RY?
8	20 Spa View Circle			21401			U.S	S.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI	MED		ENDENT OF HISPAN			r No 14. I	RACE — American Black, White, etc.	Indien,
BY F	1 Never Merried 2 Merried FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	Ю		2 W NO Specify		i, etc.)		Specify:	
	3 Widowed 4 Divorced							White	
	(Specify only highest grade completed) (Git	ve kind of w	ISUAL OCCUPATION OF MODERN		16b. KIN	D OF BUSIN	IESS/INDUSTI	RY	
Ш	Elemantary/Secondary (0-12) College (1-4 or 5+)	Do NOT use							
COMPLETED		omem	aker			Hon			
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA					
BE	Jesse Cadle	_			rta E				
2				nd Number or Rural F W Circl					101
			-		e, Al			or Town, State	101
				netery, crematory or					
	21_SIGNATURE OF FUNERAL SERVICE LICENSEE	Lcre	st Cem	etery	CILITY	Anr	iapol:	is, MD	
			Tayl	or Fune	ral C	Chape	1	21	401
	Males & Kylu			Glouces				olis,M	D
	23. PART I. Enter the diseases, pr complications that caused the de- ehock, or heart failure. List only one cause on each line.	eth. Do n	ot enter the mo	de of dying, such	h ss cardiac	or reapira	tory arrest,		oximete rai Between
	IMMEDIATE CAUSE (Final								and Death
	resulting in desth) a. METASTATI DUE TO (OR AS A CONSEC	c	Lym	phoma				5/	96
	DUE TO (OR AS A CONSEC	WENCE OF):						
N	Sequentially list conditions,								
¥Ţ.	if eny, leeding to immediate cause. Enter UNDERLYING	DENCE OF):					i	
- C	CAUSE (Diseeae or injury	OUENCE OF):				-		
Ē	that initiated evente resulting in death) LAST		,						
CERTIFICATION	d								
	PART II. Other eignificent conditions contributing to death but not n	esulting l	n the underlyln	g cause given in	Part i. 24s	, WAS AN AS		24b. WERE AUTOR	
DICAL					1[YES 2	NO NO	COMPLETION DF DEATH?	OF CAUSE
								1 TES	NO 🗆
ä									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
SI	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3	□ DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	6 Other (Sp	ecify)			
H	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	URY AT	28d. DESCRI	BE NOW INJ	URY OCCURE	D	
ВУ	1 Natural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm, s	treet, factory, offic	•	281. LOCATIO City or To	N (Street en wn, State)	d Number or R	lural Route Number,	
E	4 Homicide determined								
P	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de	ath occurre	d at the time, date	and place, and due	to the cause(e	end mann	er ee stated.		
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or	investigation	n, in my opinion, o	leath occured at the	time, date and	place, end	due to the ca	use(e) end manne	r as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER		29d. DATE SIG	GNED (Month, Day,	Year)
) BE	M. Muchala A			D310	280		D 7	15/90	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TTE	М 27) (Тура,	Print)						
	Mary L. Michels, M.D.	51	Frankl	in St.,	Anna	apoli	is, M	D 214	01
	31. DATE FILE WITH, Day, Year 1990 4 22 REGIST BARTS SIGNAL BENE	LAR	-				-		
	107 4 1220 Annument	and the same							

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	Aurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)	B	Dill	on		2. DATE OF DEATH MONTH D	9/90	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-14-9042		in yrs. lest birthday) 3 YRS.	7. DATE OF BIRTH (Month, Day, Year) Aug. 17,	1906 Ma:	HPLACE (State or Foreign try) ryland				
OR	9a. FACILITY NAME (If not institution, give at Brooke Grove			9b. CITY, TOWN COLT	R LOCATION OF D	EATH	9c. COUNTY OF			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland Mon	tgomery		, town or locat	ION			10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	Church Road			. ZIP CODE 20836		10g. CITIZEN OF	1 ₹ YES 2 □ NO WNAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yaran, Puarto Rican, atc.)	a or No— 14. BAC Black	E — Amarican Indian, ck, While, etc.			
COMPLETED E	15. DECEDENT'S EDUC (Specify only highest grade 1 — Elegentary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	nak done durina ma	DN st of working		siness/industry n Bank			
BE COM	17. FATHER'S NAME (First, Middle, Last) Americus Ed	gar Biggs				ma E. Mull:				
TO B	190. INFORMANT'S NAME (Type/Print) Martha English					Aoute Number, City or Toward, Olney,		336		
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 4 Donallon 5 Other (Specify) 20c. LOCATION - City or Town, Sieta other place) Neelsville Presbyterian Cemetery Neelsville, Md.									
	21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md. 20904									
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or reepiratory arrest, shock, or heart fellure. Liet only one ceuee on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that lettled excess or Injury Due to (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ERTIF	thet initieted events resulting in death) LAST	etad availes								
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? AMAILA									
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C					
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending	1 Inpetiant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. INJ		8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29f. LCCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 29f. LCCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED		CIAN: To like best of my know R: On the basis of examination						(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WHENES	Warren	10. Fear		AF 31	1MBER 2 6213	29d. DATE BIGNE	D (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	3000 510	ven son. A		209	06				
	31. DATE FILED (Month, Day, Year) 7 (9 (9 JUL 11 '9)	32. REGISTRAR'S SIGN	avidson Ran	dose				DHMH-18 Rev 1/8		

the second of th

- Y

DIRECTOR

A SOCIAL SECURITY NUMBER

217-78-0773

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

RESIDENCE OF DECEDENT

de 31. DATE FILED (Month, Day, Year)

'90

MONTHS

10c. CITY, TOWN OR LOCATION

Hagerstown

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hagerstown

HOURS

21740

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

DELIA

1 🗌 M 2 💢 F

5. SEX

Washington

Onw

clip

9a, FACILITY NAME (If not institution, give street end number)

Washington County Hospital

826 Oak Hill Avenue

MARIE

6. AGE (In yrs. last birthday)

78

huce

3146	ng physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm
4D 21203-	hospital or attend	ached for use as
MARYLA	e retained by the	e 5 should be det
BALTIMORE, MARYLAND 21203-3146	ith. Page 6 may b	neral director, pag
BAI	ours after dea	filled in by the fur
13146,	executed within	n and completely
P.O. BOX	eath certificate be	attending physicia
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and over after death. Page 6 may be retained by the hospital or attending physician.	en signed by the
F VITAL B	YSICIAN: The law	s certificate has be
ISION O	TENDING PH	TOR: After this

FUNERAL 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 X Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Mary Kearney BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward J. Donohue 826 Oak Hill Avenue, Hagerstown, Md. 21740 pe 20e. METHOD OF DISPOSITION
1X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Rest Haven Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Andrew K. Coffman Funeral Home, Inc. R. heel 40 E. Antietam St., Hagerstown, Md. medical 23. PART I. Enter the diseases, or complications that Journal that Jou shock, or haert feilure. List only one caut e on each line. 6 IMMEDIATE CAUSE (Fine) vent, the disease or condition ardio resporching resulting in deeth) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): ero dero ha 44 MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) prior to cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted evente resulting in death) LAST 6 any injury, PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. tosis 1 - YE 23 shows PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) tem State HOSPITAL: OTHER: 1 - YES 2 - NO ntient 2 - ER/Outpatient 3 - DOA me 5 🗆 Residence 8 🗆 Other (Specify) After this certific death with the S marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 1 Naturat 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF tNJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Routs Number, City or Town, State) 28 is r 3 Sutcide THE HOSPITAL DR ATTENDIP THE FUNERAL DIRECTOR: Af filed within 72 hours after de 8 Could not be determined COMPLETED 4 Homicide item 29a. CERTIFIER 1 CERTIFYING PHYStCIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner ea stated. TO THE FUNERAL D be filed within 72 h IMPORTANT: If it 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 7623 2 30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111

32. REGISTRAR'S SIGNATURE
Julia Davidson

2. DATE OF DEATH 3. TIME OF DEATH DYM 90 6. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH April 21,1912 Ireland 9c. COUNTY OF DEATH Washington 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Own Home 26c. LOCATION — City or Town, State Hagerstown, Wash., Md. Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OI DEATH!

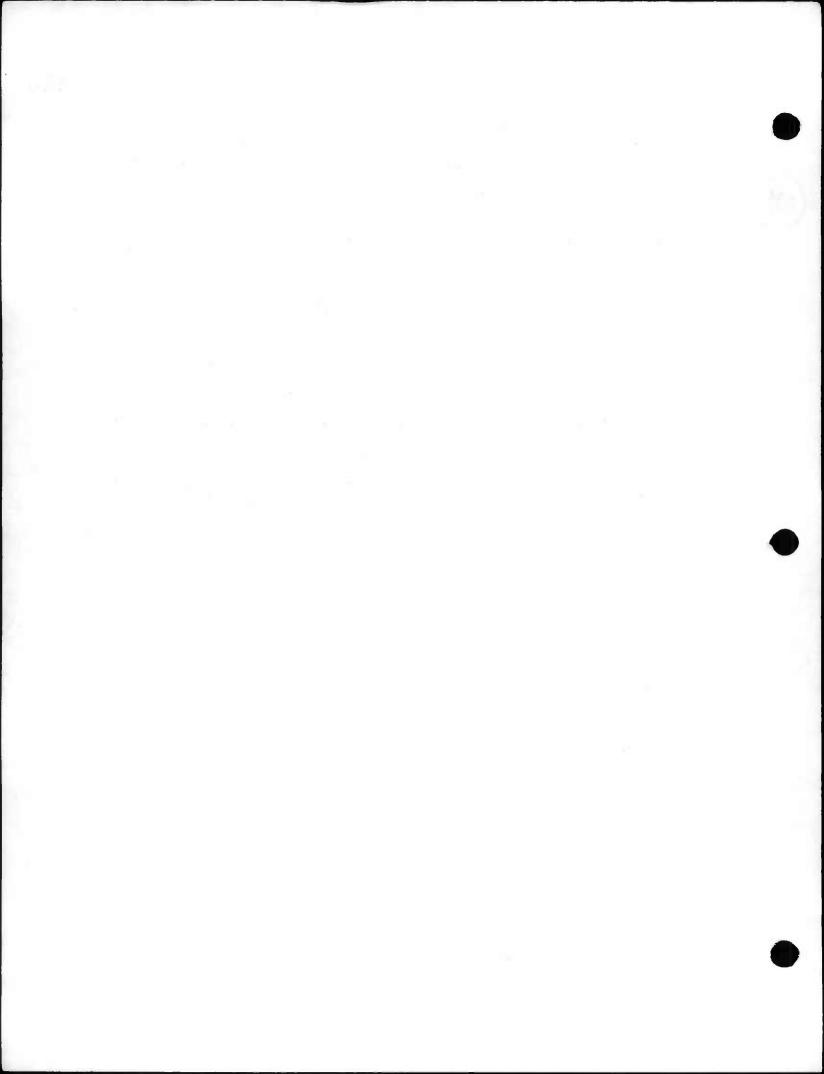
1 YES 2 NO

_	_	_	_	_	_	_
	_			_		_

284 DESCRIBE HOW INJURY OCCURED

29d. DATE SIGNED (Month, Day, Year) 9 0

य प्र Howc



FOR STATE REGISTRAR		STATE OF MA		/ DEPART					YGIEN				
1. DECEOENT'S NAME (First,	, Middle, Last)	AURICE	Mauri	ce Lei	oy DI	JNK	IN	2. DATE OF MONTH	DEATH OF		YEAR 990	3. TIME OF DEATH	
4. SOCIAL SECURITY NUME	BER	5. SEX 6	AGE (In yrs.	last birthday)	IF UNDER 1 YE	EAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	IRTH 8. BIRTHPLACE (State or			
214-09-5339		1 M 2 F	79	YRS.		AYS	HOURS MIH,		28 -		Maryland		
9a. FACILITY NAME (If not in							R LOCATION OF DE				NTY OF O		
Western Maryla	CEDENT		sylvan	1			wn.Marylan	nd .		Wasi	ningto		
Maryland		10c. CITY, TOWN OF LOCATION Washington Hagerstown									10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER		Ington		IId	gerst							Ŭ∏ YES 2 ☐ NO	
126 Ross Sti							21740			USA		HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEOENT I FORCES? 1 IF YES, GIVE WAF	YES 2 2	ARMEO NO	If ye	s, spe	ENDENT OF HISPAN ocity Cuban, Maxica 2 NO Specify	n, Puerto Rice		or No-	Black	— American Indian, , White, atc.	
3 🔀 Widowed 4 🗌 Divo	rced	IF TES, GIVE WAR	TOH DATES		''	TES	24E NO Specin	y:			wh:	ite	
	EDENT'S EDU y highest grade			DECEDENT'S L	ork done durir	PATIO	N st of working	16b. KI	ND OF BUS	BINESS/INI	DUSTRY		
Elementary/Secondary (0	3-12)	College (1-4 or 5+)		lfie. Do NOT use	retired.)				shoe	comp	any		
17. FATHER'S NAME (Flost, M Maurice M.		in					18. MOTHER'S NA Minni	ME (First, Mide e Lohr		Surname)			
19a. INFORMANT'S NAME (1 Sharon LeHai							Ave., Ha					n	
20a, METHOD OF DISPOSIT			20h Pl A			_	netery, crematory or	601360		CATION			
1 № Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from State	other	place)			al Park					Maryland	
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE					CH FUNER . Wilson		ME ,Hag	erst	own,	Md. 21740	
23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	a. CAR DUE TO (0	CINO	MA OF	RIGH	H	LUNG W	ITH N	TAS	AST	INAL	Approximate interval Between Onset and Death	
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING ury	DUE TO (O	R AS A CONS	BEOUENCE OF	:	L	LEURA	L EP	PUS	ION	RT		
PART II. Other algorifica	nnt condition	ne contributing to d	eath but no	t reaulting in	the unde	rlying	cause given in		PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED T	O MEDICAL					28. PL	ACE OF DEATH (Ch	eck only one)					
EXAMINER?		HOSPITAL:	R/Outpatient	3 DOA	OTHER:	Hom	e 5 🗆 Rasidence	6 Other /	Specify)				
27. MANNER OF OEATH		26a. OATE OF IN	JURY	28b. TIME	OF 28	c. INJ	URY AT	26d. DESCF		NJURY OC	CURED		
1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO													
a Deviates	3 Suicide a Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								Route Number,				
anal		ICIAN: To the best of m										i) and menner as stated.	
29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICENSE NU	MBER		29d. DAT	TE SIGNED	(Month, Day, Year)	
Fatura.	, H	. Hohii								•	7/1	,190	
30. NAME AND ADORESS O	F PERSON WH	O COMPLETEO CAUSE	OF DEATH (TEM 27) (Type,	Print)						1		

1500 PENNS YLVANIA AVENUE HABERSTOWN MD21740.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

S1. DATE FILED (Month, Day, Year) 90

UDDINMD

TO BE COMPLETED BY FUNERAL DIRECTOR

OHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cobe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic DIVISION OF VITAL RECORDS, P.

(sician.	ial-transit permit, Puges 1)
BALTIMORE, MARYLAND 21203-3146	certificate be executed within a Jurs after death, Page 6 may be retained by the hospital or attending physician,	nding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Property Abraham and/or by burial commandon or removal	
BALTIMORE,	n Surs after death, Page 6 may b	nding physician and completely filled in by the funeral director, page Hurians prior to build commation or nemual	regions price to commerce of the monthly and the monthly between the monthly and an extension
13146,	acuted within	and complete	and the same
.O. BOX 13146,	certificate be en	nding physician a	a solid priority

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

)			2. DATE O	REG. NO.	3. TIME OF DEATH
Frances Eliza	beth Danfel	t		MONTH.	2-1990	YEAR
social security number 220–28–3669	6. SEX 6. AGE (In		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.		BIRTH Day, Year)	BIRTHPLACE (State or Foreign Country) MD .
n. FACILITY NAME (If not institution, given 11 W. Baltimo			Hagerstown		9c. COU	nty of DEATH hington
esidence of decedent to state 10b coun MD. Wash	ington Co.		rown on Location erstown			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
o. STREET AND NUMBER 11 W. Baltimo	re St. Apt.	910	101. ZIP CODE 21740			IZEN OF WHAT COUNTRY?
. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2-1 NO	13. WAS DECENDENT OF HISP/ It yes, specify Cuban, Maxic 1 YES 2 NO Specific NO Specific NO NO NO NO NO NO NO NO NO NO NO NO NO	en, Puerto Ric		14. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of wor ille. Do NOT use ille. Cafete	rk done during most of working retired.)		chool	DUSTRY
FATHER'S NAME (First, Middle, Lest) Charles Thom	as Palmer		16. MOTHER'S N Annie		ddle, Meiden Surneme) 1 Haugl	h
Miriam Shatze	r	196. MAILING A	DDRESS (Street and Number or Rura est Side Ave	A Hag	city or Town, State, Zij erstown	, MD. 21740
Burial 2 ☐ Cremation 3 ☐ Re ☐ Donation 8 ☐ Other (Specify)	moval from State 20b.	PLACE OF DISPOSIT	n Memorial P	ark		City or Town, State
21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Donald E. Thompson Funeral Home						
	r compilcations that caused b. List only one cause on se		P.O. Box 3	10 CT	ear Spr	ing MD 217
shock, or heert fellure MMEDIATE CAUSE (Final liseese or condition sesulting in death) Gequentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events	s. Custo only one cause on se	consequence of:	t enter the mode of dying, au	10 CT	ear Spr ec or respiratory sr	rest, Approximate Interval Betwee Onset and Date
shock, or heert fellure MMEDIATE CAUSE (Final leeses or condition sesulting in death) Requentielly list conditions, smy, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events sesulting in death) LAST	b. Carlo DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF:	t enter the mode of dying, so	10 CT och es cerdi	ear Spr ec or respiratory sr	rest, Approximate Interval Betwee Onset and Date of the Course of the Co
shock, or heert fellure MMEDIATE CAUSE (Final leeses or condition sesulting in death) Gequentielly list conditions, any, leading to immediate succeed	b. List only one cause on se s. Caustle DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. One contributing to deeth but	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: ut not resulting in	t enter the mode of dying, so	n Part I.	ec or respiratory sr documents of the control of t	Approximate Interval Betwee Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset Onset Onset Onset Onset Onset Onset
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shock, or heert fellure MMEDIATE CAUSE (Final ilseese or condition sesulting in death) Sequentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events sesulting in death) LAST ART II. Other algnificant conditions ART II. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. Other algnificant conditions TART III. O	B. List only one cause on se S. CALLED DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A DUE	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in attent 3 DOA 2 28b. TIME INJUI At home, farm, str	t enter the mode of dying, au tenter the mode of dying, au tenter the mode of dying, au tenter the mode of dying, au tenter the mode of dying, au tenter the mode of dying, au tenter ten	n Part I. Check only one 8 Other 28d. OESC	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO (Specify) CRIBE HOW INJURY OC TION (Street and Number Yown, State)	Approximate Interval Betwee Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset and Date Onset On

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DIVISION OF VITAL RECORDS, P.O. BOX 131	IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	FILINERAL DIRECTOR: After this certificate has been stoned by the attending physician and o
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	1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENTAL HYGIE		
- 0	1. DECEDENT'S NAME (First, Middle, Lest) JOSEPh	Α.	Da	moci		July	4 19	3. TIME OF OEATH 90 8:10 p
	4. SOCIAL SECURITY NUMBER 157-28-0199 9a. FACILITY NAME (If not institution, give to	1 [XM 2 □ F	In yrs. lest birt	rs. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 18,	1935 1	BIRTHPLACE (State or Foreign Country) NEW Jersey
TOR	11238 Cherry Hill	- It was a second of the secon			ltsville			ce George
DIRECTOR		ve George	10	e. city, town on Beltsvi				10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	100. STREET AND NUMBER 11238 Cherry Hil	1 Road #304			101. ZIP CODE 20705			of what country?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olvorced	12. WAS OCCEDENT EVER IF FORCES? YXYES IF YES, GIVE WAR OR D	2 NO	if	AS DECENDENT OF HISPA yes, specify Cuban, Maxic YES 2 NO Spec	en, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDI. (Specify only highest grade Elementery/Secondery (0-12) 12 Years	College (1-4 or 5+) 4 years	(Give k	ENT'S USUAL OCC ind of work done du NOT use retired.)	ring most of working		USINESS/INDUS	TRY
TO BE COMPLET	17. FATHER'S NAME (First, Middle, Lest) Joseph A. Damoci		- Will	,	18. MOTHER'S N	Priva: AME (First, Middle, Meidle Deth Cotto	n Sumame)	
TO B	196. INFORMANT'S NAME (Type/Print) Ellie Lord				Street and Number or Rura			
	20e. METHOD OF DISPOSITION 1	noval from Stata	other place)	DISPOSITION (Nam	o of cometery, crematory or Crematory	20c. L	OCATION — CIT	
	21, SIGN OTH OF FUNERAL SERVICE LI	Bogwas	at	D 44	ame and address of F Onald V. Bo OO Powder N	orgwardt Fi Mill Rd. Be	uneral eltsvil	Home
	IMMEDIATE CAUSE (Final	List only one cause on a Respiral State of the Control of the Cont	ach line.	Arrest	he mode of dying, su	ch ss cerdlec or res	piratory erree	t, Approximete interval Betwee Onset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							3 425
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUE	NCE OF):				
MEDICAL	PART II. Other significent condition 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mala tritim					N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDING AMA/LABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER				
	27. MANNER OF DEATH 1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)			tec. INJURY AT WORK?	28d. OE\$CRIBE HOW	INJURY OCCUI	RED
TED BY	2 Accident anvestigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home,	farm, atreet, facto	ry, office	281. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,
COMPLETED	onel only	SICIAN: To the best of my know ER: On the bests of exemination						
BE	29b. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE N	UMBER		IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF DE	ATH (ITEM 2	T) (Type, Print)				

#2 Knoll North Columbia, Maryland

38. REGISTRAR'S SIGNATURE
Guna Davidson Randoll

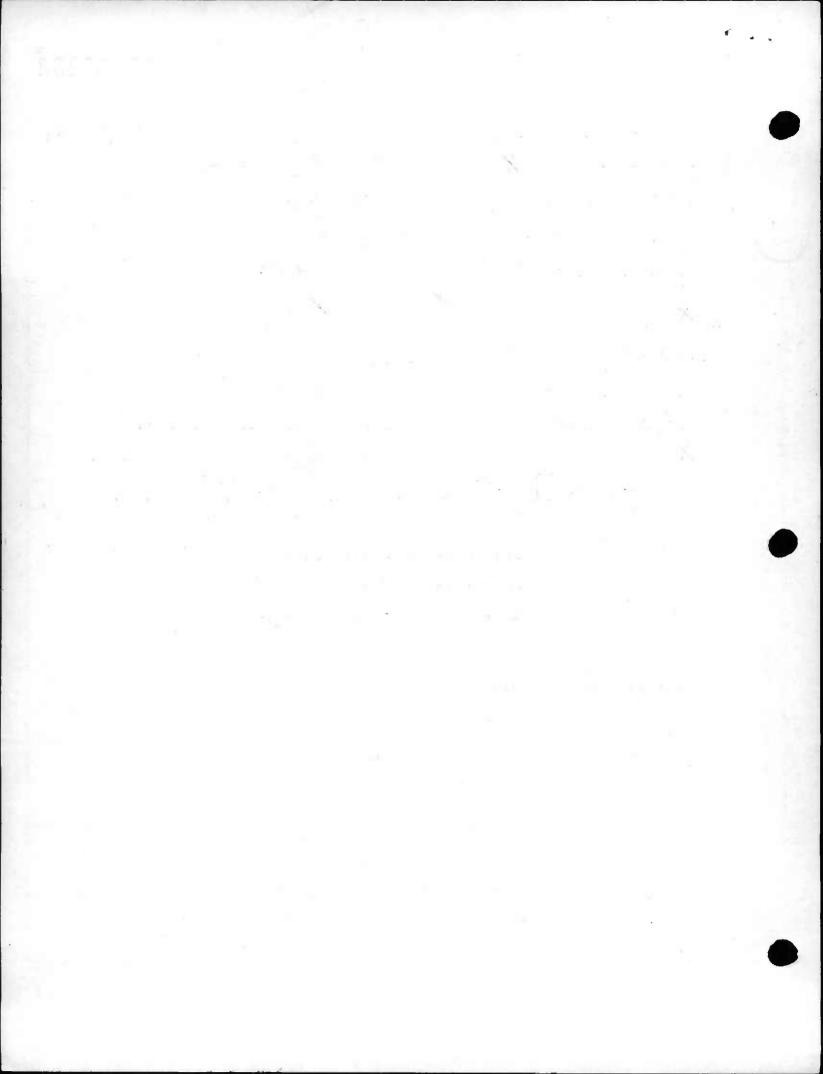
21045

Jon Minford, M.D.

JUL 06 90

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Pag	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filled within 72 hours after death with the State Deot., of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	d with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	eveni
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last) Doris 1. Da	vidson		2. DATE OF GEATN NO.		3. TIME OF GEATH 700 Pm M				
	214-32-6639	1 - M 2 F 8	(In yrs. last birthday) 39 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Day, Year) 08-17-19	00 8. BIR	INPLACE (State or Foreign England		
TOR	Se. FACILITY NAME (If not institution, give stre Cherrywood itano RESIDENCE OF DECEMENT				erstowr		ec. COUNTY OF Balt:	more		
DIRECTOR	Md. County	oll		ampstea			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	1385 N. Main S			10	2107	74	10g. CITIZEN OF USA	WHAT COUNTRY?		
84	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO IT y					Ble	CE — American Indian, ck, White, etc. White		
COMPLETED	15. OECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12) High School	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of Ma. Do NOT u Self-em		ON set of working	166. KIND OF BU	siness/industry			
BE CON	17. FATHER'S NAME (First, Middle, Last) Hedley T. Rayn	er				Newman	Surname)			
TO B	Jacqueline Leed	o ra				Route Number, City or Tow Ct., Glenwo		21738		
	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, Stata other place) Wesley Cemetery 4. Donation 5 Other (Specify)									
	21. SIGNATURE OF FAVERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, 14d. 21074									
	23. PART I. Enter the diseases, or conshock, or heart feiture. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	Left L	cut Lcl	se Once	eneneo		iratory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Chronic Cbs bructure Pulmency Disease Deventice - Trusticum Type Consequence of: Deventice - Trusticum Type Due to (or as a consequence of): d.									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Conjecture Heart Factors 1 Yes 2 No 1									
ICIAN		HOSPITAL:		26, P	LACE OF DEATN (C	heck only one)				
Y PHYSICIAN:	27. MANNER OF DEATN 1 X Natural 5 Pending	1 Inpatient 2 ER/Outpatient 3 DOA 4 Muraing Home 5 Residence 8 Other (Specify)					INJURY OCCUREO			
TED BY	2 Accident investigation						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	Anal City	IAN: To the best of my know						e(a) and manner as stated,		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ranto	CAN		29c. LICENSE NU D 2 S		29d. DATE SIGN	EO (Month, Day, Year) - 1990		
	01111	00.145 4.0	1112	beaten 4	HULLN	, Rentusk	oun, Mo	21130		
	31. DATE FILED (Andrith, Day, Your) 32. REGISTRAR'S SIGNATURE JUL 2'90 Subia Savidson-Randall									



DIVISION OF VITAL RECORDS, T.C. BOX 19146, BALLIMONE, MANITAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	2	2 3	=

•	1 - STATE OF MARYLA			OF HEALTI OF DEA		MENTAL	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF	DEATH	
ĺ	Helen K. Davis					MONTH 07-	11-90		YEAR		:M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (I	n yrs. last birthday)			ER 24 HRS.	7. DATE C	F BIRTH	_		LACE (State	or Foreign	
į	214-24-4180 1 M 2 XF 7	3 YRS.	MONTHS	DAYS HOURS	MIN.		Day, Year) 02-17		Country)	son.	VV	
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, T	OWN OR LOCA	TION OF DE		02 17	9c. COUN			VI	
DINECTOR	Anne Arundel Medical Cen	ter	Anna	apolis	S			Ann	ne A	rund	el	
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c CI								10d. INSIDE		
Ē									LIMITS	?		
	FL POLK 100. STREET AND NUMBER	ьа	кета	10f. ZIP CO	DF.			40- 01717	1 YES 23 NO.			
HAL				201111111						AL COOK!	ntr	
UNEN	375 West Brannen Road		1 45 107		813			USA				
2	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 💢 NO	lf :	NS DECENDENT yes, specify Cu YES 232 N	ben, Mexica	in, Puerto R		or No—	Black, Specify	- American White, atc.		
- 11	15. DECEDENT'S EDUCATION	16e. DECEDENT'S	USUAL OCC	UPATION		18b.	KIND OF BUSI	NESS/INDL	USTRY		-	
	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done du ise retired.)	ring most of wor	king		ST DESCRI					
COMPLEIED	12	Manag	er				Senio	r Ci	itiz	ens	Cente	
5	17. FATHER'S NAME (First, Middle, Last)	Hanag	CL	18. MC	THER'S NA		liddle, Meiden S			CIID	CCITCC	
3	Roy Gosney				Fran	ces	Cohn	,				
	19e. INFORMANT'S NAME (Type/Print)	19b. MAJLIN	G ADDRESS /	Street and Numi	ber or Rumi	Route Numb	et, City or Town	State Zin	Codel			
2	William H. Davis Sr.			Bran						т. 22	212	
	20e. METHOD OF DISPOSITION 20b.	PLACE OF DISPO				NOau		ATION - C			013	
	1 NBuriel 2 Cremetion 3 Removal from Stale	other place)						apol				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	TTTCTE		AME AND ADD		CILITY	AIIII	apoi	LTS,	MID		
ı	011 1/11/1		Ha	rdest	y Fu	nera	1 Hom	e P.	Α.			
	23. PART 1. Enter the diseases, or complications that caused		12	Ridge	ely	Aven	ue, A	nnap	ooli	s, M	D	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Onset and Death Onset and Death Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST									-		
MEDICAL C	PART II. Other significant conditions contributing to death b	ut not resulting	In the und	arlying caus	e given în	Part I.	24s. WAS AN A PERFORM	MED?		WERE AUTOR AVAILABLE P COMPLETION OF DEATH?	OF CAUSE	
						_						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	DEATH (C/	heck only on	e)					
2	EXAMINER? 1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ ER/Outp	etient 3 🗆 DOA	OTHER:	ng Home 5 🗆	Residence	6 Other	(Specify)					
	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TI	ME OF 2	26c. INJURY AT		T	CRIBE HOW IN	JURY OCC	URED			
- 1	1 Natural 5 Pending (Month, Day, Year)	16	JURY M	WORK?	□ NO							
5	2 Accident Investigation 3 Suicide & Could not be 26e. PLACE OF INJURY	- At home, farm,	atreat, fector	ry, office		281. LOC	ATION (Street e	nd Number	or Rural A	oute Number,		
9	3 Suicide 6 Could not be determined building, atc. (Spec	olfy)					or Town, State)					
9	29e. CERTIFIER											
COMPLE	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination									end menne	r ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. L	ICENSE NU	MBER	- 1	29d. DATE	E SIGNED	(Month, Day,	Year)	
	Mullin				75.	345	3-	> 5	711	2191		
=	Andonia Plucis 1509	RITCH	ic A	ighw	ay	Ar	nold	,M	0	2101	2	
	31. DATE JUDIMOTI. 3" 1990 Julie BURILLE STR	HINER?										

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE O	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	O / DEPARTME				HYGIENI REG. NO.	E		
	1. OECEOENT'S NAME (First, Middle, Last) JOHN PATRICK I					2. OATE OF MONTH	DA	1990 YE	3. 1	TIME OF OEATH
	The state of the s	M 2 □ F 77	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	Aug.	Day, Year)	912 N	ew.	
CTOR	304-F Forbes S			Anna	apolis					undel
FUNERAL DIRECTOR	Maryland Anne	Anne Arundel Annapolis						15	I. INSIDE CITY LIMITS? YES 2 NO COUNTRY?	
B≺	304-F Forbes St 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 1943 - 1946	□NO	If yes, spec	21401 NOENT OF HISPAN City Cuban, Mexical 2 NO Specify	n, Puerto Ric				
COMPLETED	15. OECEOENT'S EOUCA (Specify only highest grade on Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	OECEOENT'S USUA (Give kind of work of life. Do NOT use retin	one during most ed.)	t of working			INESS/INOUST		
	17. FATHER'S NAME (First, Middle, Last) Patrick Donova	5 +	Comptr	collei	16. MOTHER'S NA		idle, Maiden		Vic	2
TO BE	19s. INFORMANT'S NAME (Type/Print) Sarah I. Donova		19b. MAILING ADDR		d Number or Rural I	Route Number	; City or Town	, State, Zip Coo		(D 21401
	20a_METHOO OF OISPOSITION 1 Peurisi 2 Cremetion 3 Removi 4 Donation 5 Other (Specify) 21. SIGNATURE OF FINERAL SERVICE LICE	al from State 20b. PL/	vland V	Vetera 22. NAME AND Taylo	etery, crematory or	eter	y Cr Chap	el	or Town, ille	State MD
	23. PART I. Enter the disease, or conshock, or heart fellure. Listed immediate CAUSE (Finel disease or condition resulting in death)	st only one cause on each	e death. Do not er	nter the mod	e of dying, suc	h as cardla	c or reepl	ratory errest	,	Approximate interval Batween Onset end Death
CERTIFICATION	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C		not resulting in the underlying couse given in Part I.				24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 1 NO		CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO	
SICIAN		HOSPITAL:		26. PL/ HER: Nursing Home	ACE OF OEATH (Ch					
ву рну	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJU WOF 1 Y	IRY AT RK? ES 2 NO	28d. OESC	RIBE HOW II	NJURY OCCUR	EO	
	3 Suicids 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY A building, etc. (Specify)	M home, farm, street,	, factory, offics		26f. LOCAT City or	TION (Street a Town, State)	nd Number or I	Aurai Route	9 Number,
COMPLETED	cool	AN: To the best of my knowledge On the basis of axamination and							ause(s) an	d manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	deur M	5		DIC35	WBER 7		≥ 7/	9/9	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO LOCE 31. OATE FILEO (MODIN Day, Year)	COMPLETEO CAUSE OF OEATH 32 AGOISTIPM S. SIGNATUI	RANKE	IN	57	ANN	APO	45	Nel	21401
1	JUL 9 1990	guha parton	1							

the street of the por

1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIFIC	CATE O	F DEATH	REG.	NO.			
	1. DECEOENT'S NAME (First, Midd	Margot	н.	Ekhol	Lm		2. DATE OF OEAT	1 DAY	YEAR 50	3. TIME OF DEATH 930 PM	
	4. SOCIAL SECURITY NUMBER 577-60-0210	5. SEX	6. AGE (In yrs. le:		IF UNDER 1 YEAR	7	7. DATE OF BIRTH (Month, Day, Yes Aug. 6,	1905	8. BIRTHI	PLACE (State or Foreign	
	9e. FACILITY NAME (If not institution	on, give street end number)			9b. CITY. TOW	OR LOCATION OF D			UNTY OF DE	EATH .	
OR	Suburban Ho	spital				Bethesda		T	ntgom	See a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a se	
ပ္က		COUNTY		10c. CITY.	TOWN OR LO	CATION				10d. INSIDE CITY	
_	Maryland	Montgomery			Beth	esda				1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 5504 Lincol	n Street				101. ZIP CODE 20814		10g. Ci		S.A.	
В	11. MARITAL STATUS 1 Never Merried 2 Marri XX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES XX	RMED NO	If yes,	ECENDENT OF HISPAI specify Cuben, Mexico ES 2 NO Specifi	in, Puerto Rican, etc	y Yes or No— .)	Black	— American Indian, , White, etc. White	
COMPLETED		T'S EDUCATION est grade completed) College (1-4 or 5 +	(0	ECEDENT'S U	SUAL OCCUPA rk done during retired.)	TION most of working	16b. KIND O	BUSINESS/IN	IDUSTRY		
PL	Elementary/Secondary (0-12)	3		eight	Analy	st	U.S.	Dept.	of t	he Treasury	
SON	17. FATHER'S NAME (First, Middle,				· · ·		AME (First, Middle, Mi	iden Sumame)			
BE (Crittenden	Clarke	Hip	kins		Eli	zabeth		Ru	ble	
2	19e. INFORMANT'S NAME (Type/Pi					et and Number or Rural	-			WD 20014	
	E. Austin Car					st Highwa					
	20e. METHOD OF DISPOSITION 1 Burlet XXCremation 3 4 Donation 5 Other (Spec		other o	laca)	y Crem	atorium,	Inc.	Bethe	sda,	Maryland	
	21. SIGNATURE OF FUNERAL SEI	TVICE LICENSEE	Q M00	522	Rob Bet Ave	and address of Fi ert A. Pu hesda-Che nue, Beth	mphrey F vy Chase esda, Ma	uneral , Inc. ryland	Ноте 755 208	7 Wisconsin	
	23. PART I. Enter the disease shock, or heert IMMEDIATE CAUSE (Final disease or condition resulting in death)	fellure. List only one ceu	se on eech iin	е.	ot enter the	node of dying, suc	ch as cardiac or i	eepiretory a	rrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a	(OR AS A CONSE	OUENCE OF)	M / A	,					
	PART II. Other significent c	onditions contributing to	deeth but not	resulting in	the underly	ring ceuse given in	Part I. 24a. W	S AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL								RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
¥ ::							<u> </u>			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
SIC	25. PLACE OF DEATH (Check only one) 25. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one)										
ВУ РНУ	27. MANNER OF DEATH XX Natural 5 Pend 2 Accident Inves	28e. DATE OF (Month, D		28b. TIME INJU	RY	INJURY AT WORK?	28d. DESCRIBE I	OW INJURY O	CCURED		
	3 Suicide 6 Coul	28e. PLACE O	F INJURY At h etc. (Specify)	ome, farm, st	reet, factory, o	ffice	26f. LOCATION (S City or Town,		per or Rural F	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL	NG PHYSICIAN: To the bast of EXAMINER: On the basic of e) and menner as stated.	
BE	29b. SIGNATURE AND TITLE OF	Stophen	Lus	v	w)-	29c. LICENSE NU	929	29d. D/	ATE SIGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PER Christopher	unger, M.D.,				enue, Bet	hesda. M	arylan	nd 20	0814	
		I William Townson									
	31. DATE FILED (MULL Day Year)	'90 Jul	ia Davidso	n-Rand	02						

2.3.0 - 4.25

	5	101	2	5	_	1	i	1		ć	2		DIVISION OF VITAL RECORDS, T.O. DON 131	5	-	
SPITAL	OR	ATTEN	DING	PHY	SICIAN:	The	Jaw.	require	s the	it it	e de	ath	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	e be	exe	cute
MEDAI	gic	Emma.	Affer	thic	nartific	d ofe	ac h	nean cin	peu	7	ha	then	NEDAL DIRECTION After this cardificate has been stoned by the attending physician and co	Sicia	nk a	d co

physician.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and compilerely filled in by the funeral director, page 5 should be detached for use as the burial-transit permi		
ospital or attending	thed for use as the		d d
retained by the h	5 should be detail		notified at onc
ith. Page 6 may be	neral director, page		iminer must be
24 hours after dea	y filled in by the fu	tion, or removal.	the medical exz
be executed within	ician and completel	rior to burial, cremo	traumatic event,
the death certificate	the attending phys	d Mental Hygiene p	injury, or other
law requires that	as been signed by	Dept. of Health and	23 shows any
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate t	ath with the State	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ITAL OR ATTENDIN	RAL DIRECTOR: Aff	72 hours after de	If item 28 is n
TO THE HOSP	TO THE FUNE!	be filed within	IMPORTANT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Carolyn H. Estabrook July 3, 1990 11:17. p 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN
(Month, Day, Year)
February
28, 192 5. SEX 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. Manchester England 1 M 2XXF YRS. 578-22-3457 68 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? 1 YES 2XXNO Maryland Montgomery Bethesda 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE 5822 Ogden Court 20816 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2XX10 1 Never Married 2 K Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: Specific B₹ 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Seco dary (0-12) 12 Homemaker Own Home 17. FATHER'S NAME (First Middle Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) James M. Hill Norma Mary Morgan 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Watts Tracy Estabrook 5822 Ogden Court Bethesda, Maryland 20816 20s. METHOD OF DISPOSITION
1 | XPuriel 2 | Cremetion 3 | Removal from State
4 | Donation 5 | Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Culpeper National Cemetery Culpeper, Virginia 22 NAME AND ADDRESS OF FACILITY
ROBert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc. 7557
Avenue Bethesda, Maryland 20814 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wisconsin 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between Onset and Death diseese or condition REFEACTORY VENTRICULAR TACHYCARDIA HR resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DILATED CARDIOMYDPATHY SEVERE CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETE HEART COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 | YES 2 | NO 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: lent 2 ER/Outpetient 3 DOA me 5 - Residence 6 - Other (Specify) 4 I Nursing Ho 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 284 DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 📉 Natural 1 ☐ YES 2 ☐ NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 💹 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDIGAL, EXAMINER: On the basis of examin tigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner as stated. ATWRE AND TITLE OF CERTIFIER ATTENDING 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

PHYSIOIAN

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) SON

, UR

32. REGISTRAR'S SIGNATURE

Pulia Davidson Randoll

FEUEL

10

2

Kag

31. DATE FILED (Month, Day, Year)

JUL 09

1	STATE REGISTRAR
	, LE GIOTI BUT

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	EG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH			
Ernest	P.	Eichfeld			Jul			8:40 AM M			
4. SOCIAL SECURITY NUMBER 145-16-9913	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	ÍRTH	6. BIRT	HPLACE (State or Foreign ew Jersey			
90. FACILITY NAME (If not institution, give so 42 Drawb ridge RESIDENCE OF DECEDENT		96.	Berl	R LOCATION OF DE	ATH		UNTY OF	DEATH			
10e. STATE 10b. COUNTY	ncester		nu on locati	ION				10d. INSIDE CITY LIMITS? 1 YES 2 KNO			
100. STREET AND NUMBER 42 Drawbridge		•	10f.	218//		10g. CI	TIZEN OF	WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO		ENDENT OF HISPAN city Cuben, Mexice 2000 Specify	n, Puerto Rican		14. RAC Blac Spec	E — American Indien, ck, White, stc. City: White			
15. DECEDENT'S EDUI (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATIO done during mos ired.)	N at of working	16b. KINI	of Business/II Airpla					
17. FATHER'S NAME (First, Middle, Last)		7		18. MOTHER'S NA	ME (First, Middle						
Ernest A. Eich	feld			Ben	tha M.	Ellinge	ח פ				
19e. INFORMANT'S NAME (Type/Print)	,	19b. MAILING ADD	DRESS (Street a	nd Number or Rural I	Poute Number, C	ity or Town, State, i	Zip Code)				
Cathy Eichfeld		969 Oce		es Be	nlin, I	10. 2/8	3//				
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from State	other place)									
☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENGER	Md. V	eteran	ADDRESS OF FA	CII ITV	Hunle	ock.	Md.			
· John Mill	1			nich Fun		ome Ben	ılin,	Md.			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Sequentially list conditions, but to (or as a consequence of): Cardiac arrest arres											
PART II. Other algorificant condition	a contributing to death	but not resulting in ti	ne underlying	g ceuee given in		. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			60 Pt	ACE OF BEATH CO.	ant not :						
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch		ec/fy/					
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	Y 28b. TIME OI	F 26c. INJ WO			BE HOW INJURY O	CCURED				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, atree	t, factory, office	•	261. LOCATIO City or To	N (Street and Number, State)	ber or Rural	Route Number,			
one)	ICIAN: To the best of my kno							(e) end menner as stated.			
29b. SIGNATURE AND TITLE OF CENTIFIE	ue MI)		29c. LICENSE NUI		29d. D	2/3	(Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WHE	-uce m	D.	nt)								
JUL 05 90	Julia Dav	GNATURE GANDALL.									

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

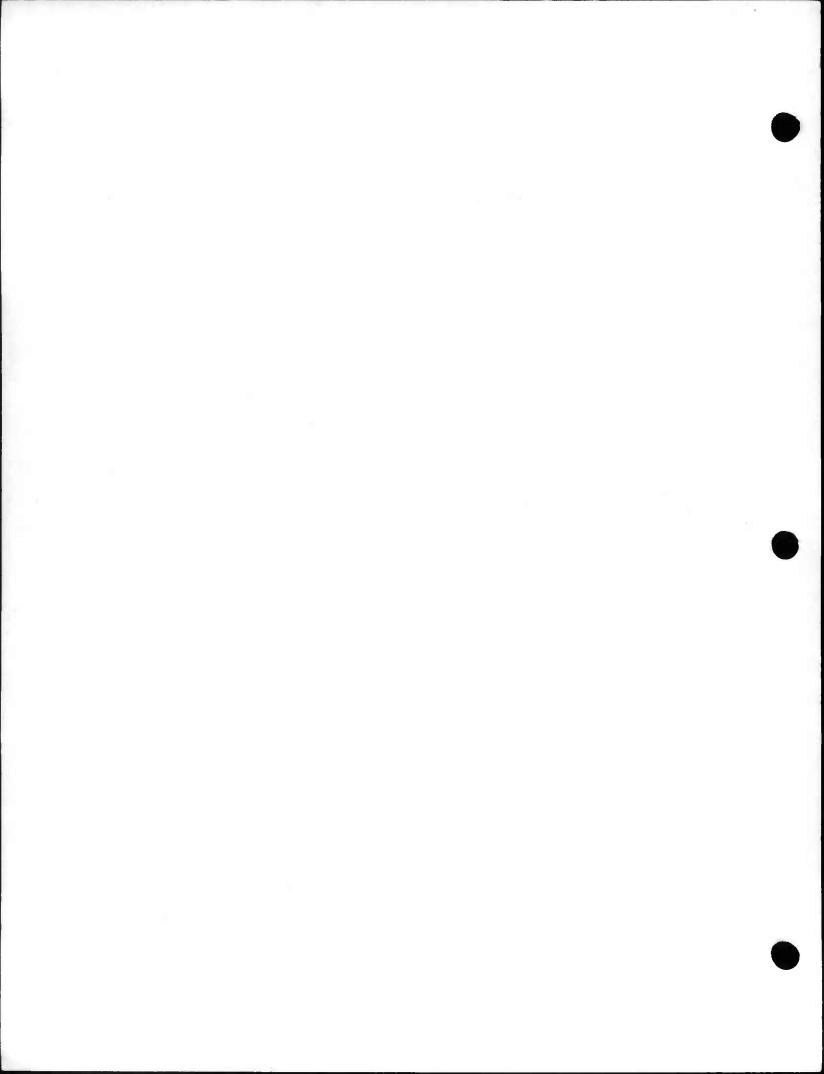
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun- be filled within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exar
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W	nple	Ven
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d

	REGISTRAR		CEI	RTIFIC	ATE O	F DEATH		REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		3.	TIME OF DEATH
	RULAND		Fos	cew	•		JUL		199		0422A .
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	VGE (In yrs. last b	oirthday)	UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE C	OF BIRTH	8. B	IRTHPLA	ICE (State or Foreign
	222-14-6448	1 M 2 🗆 F	65		NTHS DAY			Day, Year) 3-1925	DE	ountry)	
	9a. FACILITY NAME (If not institution, give	street and number)		98	b. CITY, TOW	N OR LOCATION OF D			c. COUNTY		н
	Peninsula General	. Hospital			Sa1i	isbury, MI)		Wie	comi	.co
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~		100 OITY T	OWN OR LO	CATION					d. INSIDE CITY
	De. Suss				mar	CATION					LIMITS?
	104. STREET AND NUMBER	EX		Del	ıllaı	10f, ZIP CODE					YES 2X NO
	RD#1 Box 449					19940		1	US		COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EV	ED IN U.C. ADMI	E0.	T 40 1100 C	1994U DECENDENT OF HISPA		0.40			Associate Indian
.	1 Never Married 2 Married	FORCES? 1 X	YES 2 NO		If yes,	specify Cuban, Maxica	n, Puarto R				American Indian, hita, atc.
:	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		ייי	YES 2X NO Specif	y:			Specify: Whi	te
	15. DECEDENT'S EDU		18a. DECE	DENT'S US	UAL OCCUP	ATION	18b.	KIND OF BUSIN	ESS/INDUSTI		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. D	o NOT use re	t done during etired.)	most of working					
	6		Tru	ck Dr	iver		F	eed Mil	1		
	17. FATHER'S NAME (First, Middle, Last)					10. MOTHER'S NA	ME (First, N	fiddle, Maiden Su	mame)		
	John R. Foskey					Lula S	. Pal	mer Fo	skey		
	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rural			State, Zip Code	9)	
	Lina M. Foskey					9 Delmar,	De.				
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Ren	noval from State	20b. PLACE Of other place	F DISPOSITI	ON (Name of	cemetery, crematory or			TION — City		State
	4 Donation 5 Other (Specify)		Mel	sons	Cemet			Deli	mar, M	ld.	
ì	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1			t Funeral		Inc			
	William M	Hest				Box 204		-	199/1	1	
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	b. Athers. DUE TO (OR	AS A CONSEQUE AS A CONSEQUE	PENCE OF):	liova	enhu o	An.	un			
		d									
	PART II. Other significent condition	ne contributing to dea	th but not re	suiting in	the underly	ying ceuse given in	Part i.	24a. WAS AN AL PERFORMI 1 YES 2	ED?	CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
							—			1	YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	T			0.0	DI ACE OF DEATH #	Check only one)				
	EXAMINER? 1 VES 2 NO	HOSPITAL:	(Outpetters of 2		THER:		OF OEATH (Check only one)				
	27. MANNER OF DEATH	28a. DATE OF INJI		28b. TIME C		injury at	_	r (Specify) SCRIBE HOW INJ	URY OCCURE	D	
ì	1 Natural 5 Pending	(Month, Day, Y		INJUR	Y	WORK?					
	2 Accident investigation 3 Suicide Could not be	28e. PLACE OF IN	JURY — At hom	e, ferm, stre				ATION (Street and	I Number or R	ural Rout	e Number,
	3 Suicide e Could not be 4 Homicide detarmined	building, atc.	(Sipecify)				City	or Town, State)			
	cool only	BICIAN: To the best of my ER: On the bests of exemi								use(a) ar	nd manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIC					29c. LICENSE NU	MBER	1	9d. DATE SIG	NED (M	onth, Day, Year)
	Arrabel W	1. Choso				Arz	#/Did	0688	7.	12/	80
2	30. NAME AND ADDRESS OF PERSON W	WUVD MD	F DEATH (ITEM	27) (Type, Pr	•	arroll St	. Sal	isbury,	Md.		
7	31. DATE FILED (March, Dev. Year)	32. REGISTRAR'S		5							
2	JUL 0 90	Faller	Davidson-	Ganda	2						



3. TIME OF DEATH

0255

DHMH-16 Rev 1/89

1990

TO BE COMPLETED BY FUNERAL DIRECTOR

ROBERT

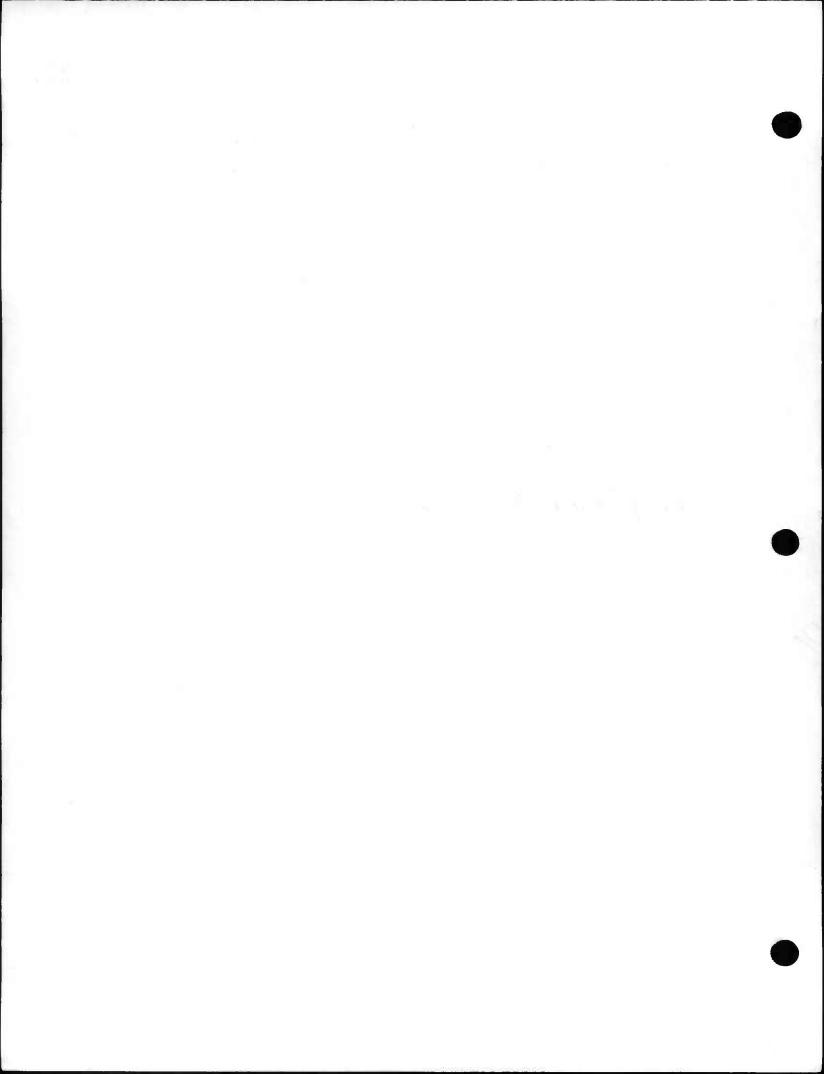
1. DECEDENT'S NAME (First, Middle, Last)

HAROLD

Fisher

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4. SUCIAL SECURITY NUMBER	BEH	S. SEX		(in yrs. ies	t Dirtnaay)	MONTHS	T		OURS	MIN.		or Birth , Day, Year)		8. BIRTH	HPLACE (State or Foreign
218148600	1	1 M 2 □ F	-	76	YRS.	MONTAS	UAI	rs A	OURS	mere.	SEPT	. 13,	1913	MAF	RYLAND
9e. FACILITY NAME (If not in						9b. CIT	Y, TOV	WN OR	LOCATION	ON OF O	EATH		9c. COU	INTY OF C	DEATH
PENINSULA		L HOSPIT	AL				SA	LIS	BUR	Y. 1	1ARYI	AND		WICO	OMICO
RESIDENCE OF DEC	10b. COUNT	Υ			10c. CIT	ry, town	OR LC	OCATIO	N						10d. INSIDE CITY
MARYLAND	WIC	OMICO			0.00			SBUI							LIMITS?
10e. STREET AND NUMBER					*			10f. Z	IP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
303 CED	AR DRI	VE								2180	1			US	A
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V NAVY	A YES	2 N	MED	13.	If yes	s, speci	fy Cubs		n, Puerto I	7 (Specify Yes Rican, stc.)	or No—	14. RAC Blac Spec	E — American Indien, ik, White, stc.
	EDENT'S EDU			16a. DE	CEDENT'S	S USUAL C	OCCUP	PATION	of months		16b.	KIND OF BUS	SINESS/IN	DUSTRY	WILLIE
Elementary/Secondary (College (1-4 or 5	+)	life.	Do NOT	work done ise retired.)) during	y most e	OF WORKS	49					
11 YEARS		NO		F	OREM	AN						BREA	D CO	MPAN	Υ
17. FATHER'S NAME (First, A	fiddle, Last)							1	is. MOT	HER'S NA	ME (First, I	Viddle, Malden	Surname)		
ROBERT		J.		FISH	ER				N.	ANNI	E	UNK		GI:	BBS
19e. INFORMANT'S NAME (ber, City or Town		p Code)	
VIOLET W. F				3	03 C	EDAR	DI	R,	SAL	ISBU	RY, I	MD 21	801		
20e, METHOD OF DISPOSIT 1 X Burlel 2 Cremeti- 4 Donallon 5 Othe	rion 7 on 3 □ Ram	/6/90 loval from State	20 E	other place VERG	of dispondent of the control of the	CEM	vame o	of cornet ERY	ery, cren	natory or			cation – RLIN		own, State
21. SIGNATURE OF FUNER		CENSEE	1			22	. NAM	E AND	ADDRE	SS OF FA	CILITY		•	,	
1/1/2	And a	Alak	Mrc.	ca	11							HOME,P SALIS		. MD	21801
23. PART I. Enter the d	lisaasea, or	complications the	at causa	d tha de	th. Do										Approximate
ahock, or fi		Liat only one car	use on e	each line).										Interval Between
disease or condition		0	1, 1	10		ain	1A	B		Duc	7 8	, A			2 days
resulting in death)		a. OUE TO	OR AS	A CONSE		DF):					2 8	0			1
		· Muc	Cas	110	1	an	10	110	6						
Sequentially list conditions, if any, leading to immediate															
cause. Enter UNDERLY CAUSE (Disease or inju															
that initiated events resulting in death) LAS		DUE TO	OR AS	A CONSE	DUENCE (OF):									
reauting in death) LAS	"	d													
PART II. Other aignific	ant condition	na contributing to	death i	but not a	resulting	in tha u	ınder	lying	cause	given in	Part I.	24s. WAS AN		241	b. WERE AUTOPSY FINDING
												PERFOR		_	AVAILABLE PRIOR TO COMPLETION OF CAUSE
											_	1 169 2			OF DEATH? 1 YES 2 NO
											_				
25. WAS CASE REFERRED	TO MEDICAL					_	2	8. PLAC	CE OF C	DEATH (C	heck only or	10)			
EXAMINER?		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE 4 No		Home	5 🗆 R	eeldence	8 🗆 Othe	r (Specify)			
27. MANNER OF OEATH		28e. DATE O	F INJURY		28b. TII	ME OF	_	. INJUF	TA YF			SCRIBE HOW I	NJURY O	CCURED	
	Pending Investigation	(Month,	Day, Year)		115	IJURY M	1	₩OR] NO					
2 Accident 3 Suicide	Could not be	28e. PLACE	OF INJUR	Y — At he	me, ferm,	street, fe	ctory,	office						er or Rural	Route Number,
4 Homicide	determined	bunding	, alc. (Spe	эспу)							City	or Town, State)	'.		
cond trilly		ER: On the beele of													(e) end menner ee stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER .	P.	10				1	29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)
Wille	u +	200	es!	4	U				1) (521	19		•	7-3	.90
30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAN	USE OF O	EATH (ITE	M 27) (Typ	e, Print)					,	ı	,		
Wilber	RE	Ellis,	5	P. M	0	100	F	Pou	ler	88		Salisi	bus	4	21801
31. DATE FILED (Month, Day	; Year)	32. REGISTR		NATURE										0	
m et a 1 () 541 1	/-	College Albanesalla	A INA	MACT IN LITT	Ma.										



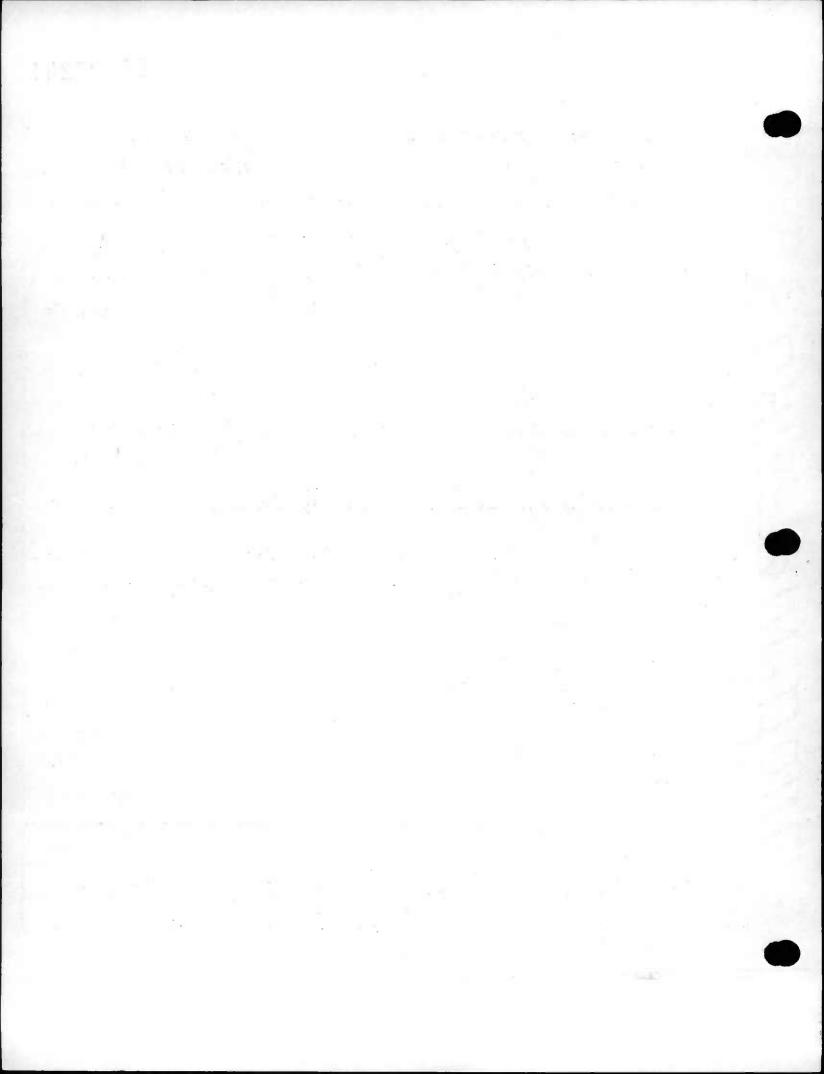
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-U	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					MENTAL HYGIE REG. N				
1	1. DECEDENT'S NAME (First, Middle, Last) VANDORA FI	TZGERALD						2. DATE OF DEATH MONTH JUNE 2	. 18° 1	1990	3. TIME OF DEATH 12:11 p.m.m	
	4. SOCIAL SECURITY NUMBER 224-30-4277	1 🗆 M 2 😾 F	(In yrs. lest birthday) 75 YRS.	IF UNDER MONTHS	DAYS	IF UNDER HOURS	MIN.	7. DATE OF BIRTH (Month, Dey, Year) 4/11/15		Vir	ginia	
TOR	99. FACILITY NAME (If not institution, give THE JOHNS HOPKINS					RE C		ATH		JTIMO	RE CITY	
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	omico		y, town o		ION					10d. INSIDE CITY LIMITS? 1 Y YES 2 NO	
ERAL	100. STREET AND NUMBER 112E. East Street	et			101	ZIP CODE				USA	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2X NO	1	yes, spi		n, Mexice	IIC ORIGIN? (Specify 'n, Puerto Ricen, etc.)	ee or No—	Spec	E — Americen Indien, k, White, atc. #y: Can American	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 0th grade	JCATION e completed) College (1-4 or 5+)	180. DECEDENT'S (Give kind of life. Do NOT us	work done (se retired.)	luring mo	N st of workin	9	186. KIND OF E				
BE COM	17. FATHER'S NAME (First, Middle, Last) Willie Lewis						eceli	ME (First, Middle, Meid				
TO	190. INFORMANT'S NAME (Type/Print) George Totten		114 E	Eas	t Sti	eet,	Deli	mar, MD	21875	5		
	20e. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE D	noval from Stata	other place) reen Acre	es Me	emor	ial P	ark	Sa	lisbur	v. M	D 21801	
	Patricia	Hley Las	hley	R	t. # / alisl	z, Bo oury,	x 92 Mar	OLITY Jolley 0, Jersey Tyland 21	Road 301		Cnapei	
	23. PART I. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Electro	each line	l		SOC			spiratory s	rreat,	Approximate Interval Between Onset end Death 25 min.	
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL	PART II. Other significant condition it is truy of pulmonary en Drolonted b	tus,	1 [YES	AN AUTOPSY ORMEO? 2 EXNO	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 You	HOSPITAL:	tpatient 3 🗆 DOA	OTHER	3:			eck only one) 8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	IN	JURY M	1 🗆 '	RK? YES 2	□ NO	28d. DEŞCRIBE HO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp		street, fact	ory, offic			26f. LOCATION (Stre City or Town, Ste		er or Rural	Route Number,	
COMPLETED	(Oriects Oriny	SICIAN: To the best of my kno IER: On the beele of examinati									(e) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	The D.	Em	M	٥.		4416		29d, D/	- 1	0 (Month, Day, Year) 8/90	
	30. NAME AND ADDRESS OF PERSON W	IM	JOHNS		PKI	15	HL	SPITAL,	8/4	170	MO 21205	
7	JUL 0 3 '90	Siglia Davidson	MATURE									

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RECORDS,	
OF VITAL	
U.	
DIVISION	

	FOR 1 STATE	STATE OF MARYLANG				MENTAL HYGIEN	IE S	20241		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	FRATK	CERTIFIC	ATE OF	DEATH	REG. NO		3. TIME OF DEATH		
	VIVIAN	7	7 6 90 2 DATE OF BIRTH 8. BIRTHPLACE (State or F							
	099-07-4237	5. SEX 8. AGE (In yrs	BIRTHPLACE (State or Foreign Country) IEW York							
or .	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION DF DEATH 9c. COUNTY OF DEATH									
OT:	RESIDENCE OF DECEDENT BIND W 400 Wheaton. Montsomery									
DIRECTOR	10a. STATE 10b. COUNTY MON		10d. INSIDE CITY LIMITS7 1 YES 2 \(\square\) ND							
FUNERAL	100. STREET AND NUMBER	sity Blod n	EST #	107	20902		10g. CITIZE	U.S.A.		
CNE		12. WAS DECEDENT EVER IN U.S	ARMED	13. WAS DE	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	a or No — 14	. RACE — American Indian,		
ВУ	1 Never Married 2 Married 3 XXWidowed 4 Divorced	FORCES? 1 YES 2) IF YES, GIVE WAR OR DATES			ecify Cuban, Mexico 2 NO Speci	an, Puerto Rican, atc.) /y:		Specify h, Te		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION 18a ompleted) College (1-4 or 5+)	DECEDENT'S USI (Give kind of work life. Do NOT use re	done during m		16b. KIND OF 80	JSINESS/INDUS	TRY		
MPL	8	Sì	nop Keep	er (Re	tired)	Ladies	Retail	Shop		
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meide				
BE	Max Levba	rg	105 MAILING AD	DDESS /Stead	Jenny	Breitman Route Number, City or To		200		
DT.		(Son)						Md. 20901		
	20s. METHOD OF DISPOSITION 1 X Burlet 2 Competion 3 C Remove				metery, crematory or	-		y or Town, Stata		
	4 C Donation 5 C Other (Specify)	Betl	David				ont, L.	I., N.Y.		
	21. SIGNATURE OF FAHENAU BERNIGH CICE	T. 19.			NSKY-GOL		RIAL	CHAPELS, INC.		
	DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 Rockville Pike: Rockville. Md. 20852 23. PART I. Epiner the diseases or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, hock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate Interval Between Onset and Death disease or condition as Myoundal Information of the condition of th									
CERTIFICATION	disease Dr Condition resulting in death) a. Myocavala Infavction Differo (DR AS A CONSEQUENCE DF): Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
-	PART II. Other eignificent conditions	contributing to death but n	not resulting in t	he underlyir	g cause given in	PERF	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL		SICON			(1 🗆 YES	2 NO	OF DEATH?		
ä	1									
ICIA		HOSPITAL:		THER:	LACE DF DEATH (C					
HYS	1 ZNES 2 ND 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpaties 28s. OATE DF INJURY	28b. TIME D	F 28c. IN	JURY AT	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCU	RED		
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year)	INJUR	Y W	ORK? YES 2 ND					
	3 Suicide 8 Could not be determined	28e. PLACE DF INJURY — A building, atc. (Specify)	At home, farm, stre	et, factory, offi	CO .	281. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,		
COMPLETED	onel only	CIAN: To the best of my knowledge						4		
00		t: On the basis of examination an	dor investigation,	fi opinion,						
TO BE	Chuldhury	I'm Ex	mines	K	300 18	752	≥ 7	SIGNED (Month, Day, Year) - 8-90		
F	PAUL A DEVER	COMPLETED CAUSE OF DEATH	STEM 27) (Type Pr	veen	JOUNG	Rel	207	31		
	31. DATE FILED (MONTH, Day, Year)	32. REGISTRAR'S SIGNATURE Fulia Davidson 1	andell.							



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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, F.O. DOA 13149,	that	d by	JIII
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH DAY YEAR Patricia Ann Dunn Frisby 1990 12:55 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 1 M 2 X F 60 YRS 578-38-9941 March 13,1930 Washington, D.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7519 Spring Lake Drive, #B-2 Bethesda Montgomery RESIDENCE OF DECEDENT 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Maryland 1 TYES 2 X NO Montgomery Bethesda 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 7519 Spring Lake Drive, 20817 United States #B-2 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 X NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 X Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (1-4 or 5+) Elementery/Secondary (0-12) 12 Executive Secretary 4 Congress Budget Office 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Leo William Dunn BE Marie McCarthy 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Deborah Marie Frisby 4414 Stanford Street, Chevy Chase, Maryland 20815 20e. METHOD OF DISPOSITION
1 X Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State □ Donation 5 □ Other (Specify) Gate of Heaven Cemetery Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00381 Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501 Darbara Jo McMullen Lawrence 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heert failure. List only one cause on each line. Onset end Death **IMMEDIATE CAUSE (Fine)** disease or condition of the Carcinoma 6 months resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury **OUE TO (OR AS A CONSEQUENCE OF):** thet initiated events resulting in deeth) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 TYES 2 MANO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 TES 2 NO 4 | Nursing Home 5 Of Realdence 8 | Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death of one) 2 MEDICAL EXAMINER: On the basic of examination and/or traver			
296. SIGNATURE AND TITLE OF CERTIFIER VELLY K. Masm	MO	29c. LYCENSE NUMBER Md D 22235	29d. DATE SIGNEO (Month, Day, Year) ▶ 7/5/90

28a. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Woslow R Mason 10010

MEDIE 9 0.	110	7001	10810	COY
31. DATE FILED (Month, Day, Year) JUL 0 9	'90	32. REGISTRAR	S SIGNATURE L DAVIDAGON-R	indose.

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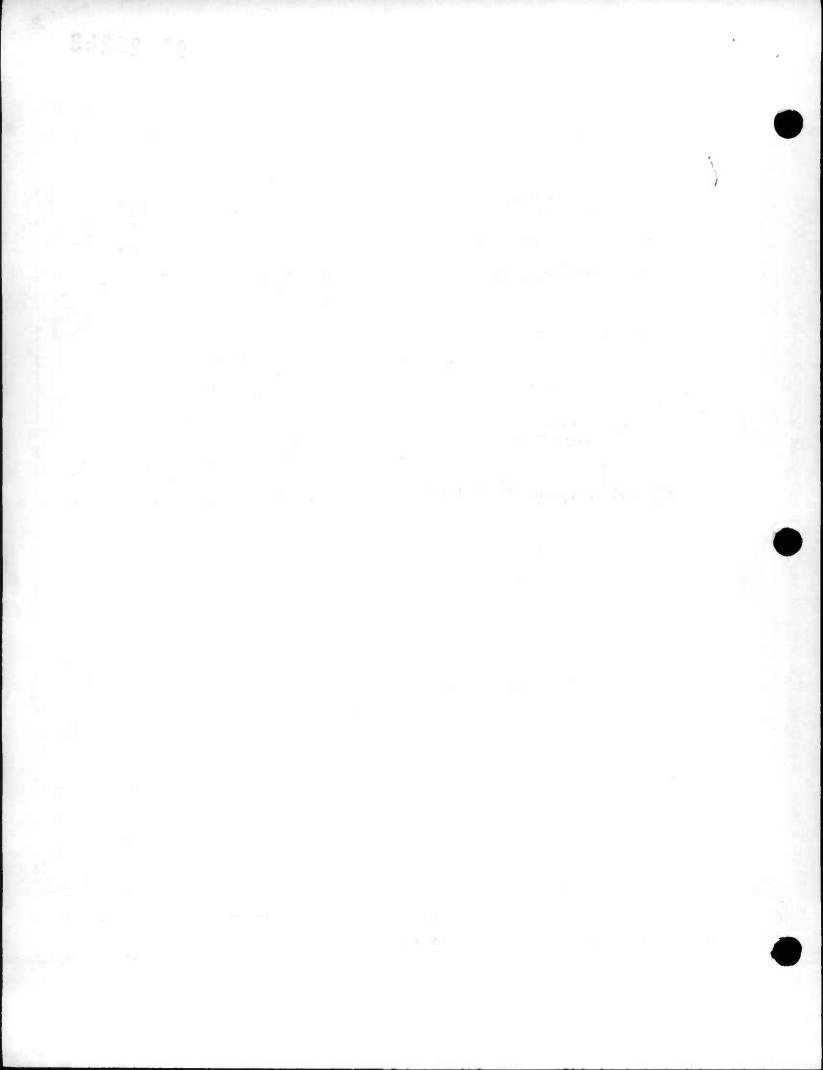
281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

nnecticut Ave Kensington

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BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIF	ICALE	F DEAT	ГН	REG.	NO.						
1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF DEAT	H DAY	YEAR 3	TIME OF DEATH				
ETHEL W.	GALLAGHE	R					0, 19		5 P.				
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE		24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTHPL Country)	ACE (State or Foreign				
219-36-7188	1 - M 2 R F 9	1 M 2 R F 98 YRS. WONTHS DATE HOURS MIN.						11-24-1891 MARYLAND					
9a. FACILITY NAME (If not institution, give to	street and number)		9b. CITY, TO	VN OR LOCATION	ON OF DE	ATH	9c. COI	JNTY OF DEA	тн				
MERIDIAN NURS	R	E	ASTON			T	TALBOT						
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	_	100 00	ry, TOWN OR LO	CATION					0d, INSIDE CITY				
MARYLAND CARO	100.01							LIMITS?					
100. STREET AND NUMBER		PRES	101. ZIP COD		10g. CITIZEN OF WHAT			YES 2 NO					
	220								AI COONTRY?				
162 MAIN STRI	12. WAS DECEDENT EVE	D IN II S ADMED	12 486		655	HC ORIGIN? (Specif		S.	American Indian				
1 Never Merried 2 Merried	FORCES? 1 Y	S 27 NO	If yes	, specify Cube	n, Mexice	n, Puarto Rican, atc			- American Indien, White, atc.				
3 Nidowed 4 Divorced	IF YES, GIVE WAR OF	DATES	""	YES 2 THO	Specin	<i>/</i> :		Specify:	HITE				
15. DECEDENT'S EDU	CATION	16a. DECEOENT	USUAL OCCU	PATION		16b, KIND OF	BUSINESS/IN						
(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during use retired.)	most of worki	ng								
11	2	POSTM	ASTER			POS	TAL S	ERVI	CE				
17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	ME (First, Middle, Ma	iden Surneme)						
JAMES THOMAS	WOOD			L	AURA	VIRGI	NIA F	LOWER	RS				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St	eet and Number	or Rural	Route Number, City o	r Town, State, Z	(ip Code)					
JAMES L. GALLA	AGHER	P.0	. BOX	88	PRES	STON, M	ARYLA	ND 21	-655				
20e. METHOD OF DISPOSITION 7 - 3	3-1990	20b. PLACE OF DISPO	SITION (Name o	of cemetery, crem	natory or	20	LOCATION -	- City or Town	n, State				
4 Donation 5 Other (Specify)		SPRING	HILL (CEMET	ERY		EASTO	N. MA	RYLAND				
21. SIGNATURE OF FUNERAL BERVICE LI	1 4 4 4		22. NAM	E AND ADDRE	SS OF FA	NEW	NAM F	UNERA	L HOME				
M. E. News	laun il	C.F.S.P.	201) G 1	тлог	RISON S	ים יוי	л спол	T MD				
23. PART I. Enter the diseasea, or									Approximata				
shock, or heart failure.	List only one cause or	each line.							Onset and Deat				
disease or condition	KesDi M	Tron !	ArresT	1									
resulting in death)	DUE TO (OR A	S A CONSEQUENCE				01							
	severe	Chronic	Pul	mon	211	horos	518						
Sequentially list conditions, If eny, leeding to immediate													
CAUSE (Disease or Injury	cause, Enter UNDERLYING CALISE (Disease or Injury												
that initiated events resulting in death) LAST	that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
Todami, and	a. Theme	711° (2	4.1.	leed	7				1				
PART II. Other significant condition	ns contributing to deat	but not resulting	In the under	lying cause	given in	Part I. 24a. W	S AN AUTOPS		VERE AUTOPSY FINDING				
Ostepauthrit	15 SOVE	CP.					RFORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE				
						'''"	2 2 110	1	F DEATH?				
						_			1 123 2 10				
26 WAS CASE DEFENDED TO MEDICAL													
25. WAS CASE REFERRED TO MEDICAL	EXAMINER? HOSPITAL: OTHER:												
		Outpatient 3 DOA	1 □ Inpatient 2 □ ER/Outpatient 3 □ DOA 4 □ Nursing Home 5 □ Residence 8 □ Other (Specify)										
EXAMINER?	1 □ Inpatient 2 □ ER/C	RY 28b, TI	ME OF 28	. INJURY AT		28d. OEŞCRIBE H	(Month, Day, Yeer) INJURY WORK?						
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturet 5 Pending	1 □ Inpatient 2 □ ER/C	RY 28b, TI	ME OF 284	NJURY AT WORK?	□ NO	28d. OEŞCRIBE H	OW INJURY O						
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending 2 Accident Investigation	28e. OATE OF INJUI 28e. OATE OF INJUI (Month, Day, Yee 28e. PLACE OF INJU	RY 28b. Ti	ME OF 286	WORK?	□ NO	281. LOCATION (S	treet and Numb		ute Number,				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending 2 Accident Investigation	28a. OATE OF INJUI	RY 28b. Ti	ME OF 286	WORK?	□ NO		treet and Numb		ute Number,				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	1 Inpatient 2 ER/C 28s. OATE OF INJUI (Month, Day, Yes 28s. PLACE OF INJUI building, etc. (3)	RY 28b. Ti	ME OF JURY M 1	: INJURY AT WORK? YES 2 [281. LOCATION (S City or Town,	treet and Numb State)	er or Rurel Ro	ute Number,				
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EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Exemple 6 Certifying Physone) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON W	1 Inpatient 2 ER/C 28a. OATE OF INJUI (Month, Day, Yea 28a. PLACE OF INJUI 26a. PLACE	28b. Ti 18Y — At home, farm pocify) Death occur ation end/or investigat	ME OF JURY M 1 , street, factory, rred at the time, lon, in my opini	LINJURY AT WORK? YES 2 (office date end place on, death occur 29c. LIC	e, end due red at the ENSE NU	281. LOCATION (S City or Town,	d menner ee sce, end dua to	ner or Rural Ro	end menner ee stated. Month, Day, Year)				
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BALTIMORE, MARYLAND 21203-3146

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit ner must be notified at once.
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STATE O	F MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OI	F DEAT	H		REG. NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT CERTIFICATE		MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle	. N .			2. DATE OF DEATH MONTH	DAY &	S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/5-3/6-03 90. FACILITY NAME (If not institution	57 1× M2 OF A	E (In yrs. last birthdey) IF UNDER MONTHS Pb. CITY,	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
RESIDENCE OF DECEDE 10a. STATE 10b.		So	lisbur	1	W	Co.
	WI CO.	Salis	sbury, 1	ND.		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married 2	earl st	ANUE TOURS	10f. zip code/ 2 186	01	U	S A
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO H	WAS DECENDENT OF HISPA yes, specify Cuben, Maxico YES 2 NO Specif	en, Puarto Rican, atc.)	fee or No- 14.	Black, White, etc. Specify: Black
	IT'S EDUCATION est grade completed) College (1-4 or 8+)	16a. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.) En VIron of	uring most of working	16b. KIND OF E	USINESS/INDUS	Hame
				AME (First, Middle, Meid	en Surname)	20
199. INFORMANT'S NAME (Type/P)			(Street and Number or Rural	Route Number, City or 1	own, State, Zip Co	W. MD. 180
20a. METHOD OF DISPOSITION 1 Parial 2 Cremation 3 4 Donation 5 Other (Spec	☐ Ramoval from State 2	20b. PLACE OF DISPOSITION (New other place)	ne of cemetery, cremetory or	20c. S	LOCATION — CITY	or Town, State
21. SIGNATURE OF FUNERAL SER	DI A. LA		Alisburg	CILITY P.O. B	OX 15	74 1
23. PART I. Enter the disease shock, or heert IMMEDIATE CAUSE (Final disease or condition resulting in death)	ses, or complications that caus fellure. List only one cause on	sed the death. Do not enter each line.	and of dying, sugar	fh-dis cerdiec or re	spiratory arres	t, Approximate interval Between Onset and Deatl
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS	S A CONSEQUENCE OF:	Amm			
	onditione contributing to death	n but not resulting in the un	derlying cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?			26. PLACE OF DEATH (C	heck only one)		
1 (1 xes 2 · NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/O		ing Home 5 - Residence			
Total	26a. DATE OF INJURY (Month, Day, Year Ing		28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HO	W INJURY OCCUI	RED
	28a PLACE OF INJU	IRY — At home, ferm, street, fact (pecify)	ory, office	281. LOCATION (Streetly or Town, Str		Rural Route Number,
one)	NG PHYSICIAN: To the best of my known EXAMINER: On the basis of examinating					
296. SIGNATURE AND TITLE OF	CERTIFIER AMB		29c, LICENSE NU	IMBER	29d. DATE S	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PER	RSON WHO COMPLETED CAUSE OF		1 2/801			1
JUN 2 7 '90	Sil REGISTRAN'S SIL					

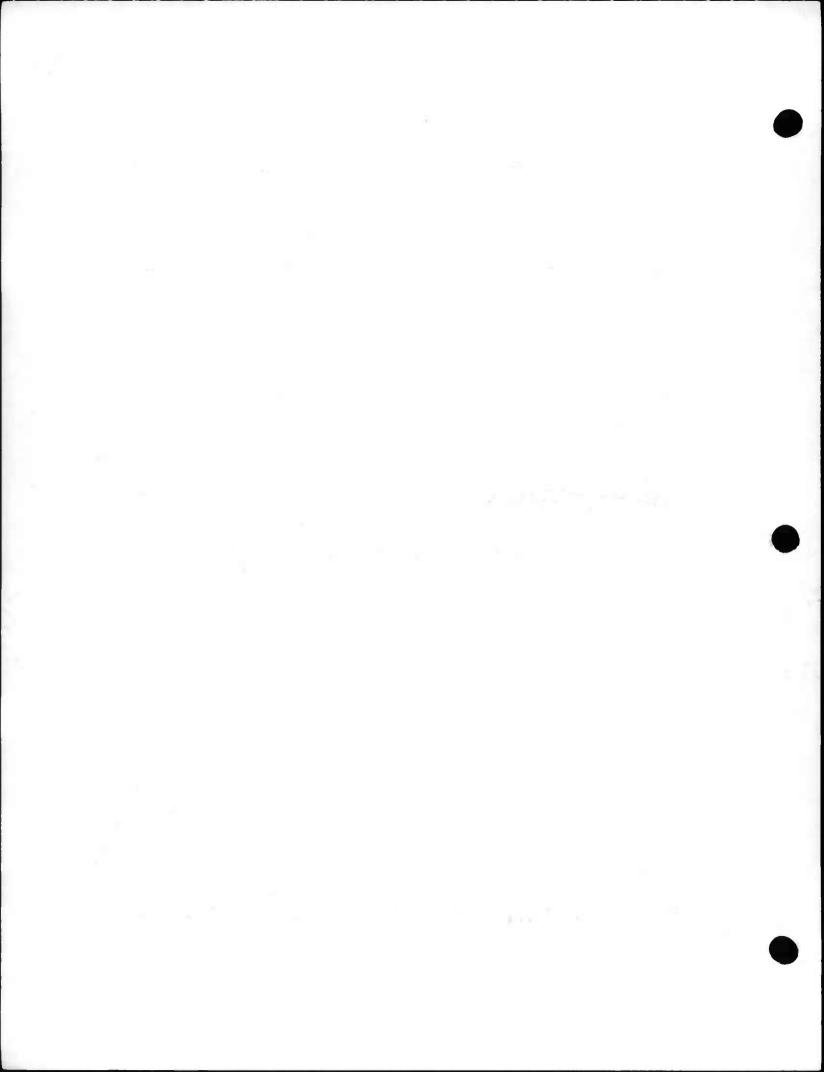
AL NOTE OF THE PARTY.

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	SIAIE UF MA				F HEALIH		MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)			,				2. DATE OF DEATH		3.	TIME OF DEATH
Eleanor	W.			Grai	E£		July 4,	1990	YEAR 1	1:30 PM M
4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last	birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL/ Country)	ACE (State or Foreign
220-56-2719	1 □ M 2X(X)F	78	YRS.	MONTHS DA	YS HOURS	MIN.	Mar. 31,	1912	Mary:	land
9a, FACILITY NAME (If not Institution, give s	treet end number)			9b. CITY, TO	WN OR LOCAT	ON OF DE		_	INTY OF DEAT	TH .
-	Canterbury Terrace Rockvi							Mo	ntgome	ry
RESIDENCE OF DECEDENT									100	4 INCIDE CITY
Martiland Montgomorti									LIMITS?	
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY										
4102 Canterbury Terrace 20853 United States									tates	
11, MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARI	MED				IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	e or No-	14. RACE — Black, W	American Indien, /hite, atc.
1 Never Merried 2XXMerried 3 Wildowed 4 Divorced	IF YES, GIVE WAR		7	10	YES 2 X NO	Specify	(:		Specify:	White
15. DECEDENT'S EDU				USUAL OCCU			16b. KIND OF BU	JSINESS/IN	DUSTRY	
(Specify only highest grade	College (1-4 or 5+)	iife.	Do NOT us	vork done durin e retired.)	g most of work	ng				
	1	Assi	stan	t Post	master	-	U.S. P	ostal	Serv:	ice
17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maldel	n Surname)		
John Williams		L					Cissel			
190. INFORMANT'S NAME (Type/Print) John R. Graff		100					Route Number, City or To			20853
20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS		of cemetery, cre				City or Town,	State
1 Guriel 2 Cremetion 3 Rem	oval from State	Montg		y Crem	natoriu	ım, 1	nc. Bet	hesda	, Mar	yland
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			Robe	ert A.	Pumr	hrev Fune	ral H	lome/	
Kaherst	tomah	M001	.98	7557	Bethes	da-Consir	hevy Chas	hésda	C. MD	20814-3501
23. PART I. Enter the diseases, or a										Approximete
ehock, or heert fellure. IMMEDIATE CAUSE (Final	List brily one cause	on eech line	,	_/	6)				Onset and Death
diagese or condition	· Con	cer	01	the		20	ny			3-gloss
	DUE TO (OF	AS A CONSEC	DUENCE OF	F):						
Sequentielly list conditions,	b	AS A CONSEC	MENCE OF	D.						-
If eny, leading to immediate cause. Enter UNDERLYING	552 10 (6)	AS A CONSEC	JOENOE O	· ·						İ
CAUSE (Diseese or Injury that initiated events	cDUE TO (OF	AS A CONSEC	DUENCE OF	F):						
resulting in death) LAST	d.									
PART II. Other significant condition	ne contributing to de	eth but not r	e e uitina	In the under	duing cause	alven in	Part I. 24s. WAS A	N ALITOREY	245 W	ERE AUTOPSY FINDINGS
PART II. Other significant condition	- contributing to de	au but not i	eauting	iii the under	lying cause	given in	PERFO	RMED?	AN	MILABLE PRIOR TO
							1 TYES	XX NO	Di	F DEATH?
									1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				- 2	6. PLACE OF	DEATH (Ch	eck only one)			
EXAMINER? 1 ☐ YES XX NO	HOSPITAL;	R/Outpatient 3	□ DOA	OTHER:			8 Other (Specify)			
27. MANNER OF GEATH	28e. DATE OF IN. (Month, Day,	JURY	28b. TIM		. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY O	CCURED	
Natural 5 Pending Investigation	(MOTRIT, Day,	rodi j	1745		YES 2	□ NO				
3 Suicide 8 Could not be	28e. PLACE OF II building, etc	NJURY — At ho . (Specify)	me, farm,	street, factory,	office		28f, LOCATION (Street City or Yown, State	t end Numb e)	er or Runal Rou	te Number,
4 Homicide determined										= =
(Check only CERTIFYING PHYS										ad manage as where di
2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE/OF CERTIFIE		mation end/of	veskigatio	ni, in my opini		ENSE NU		_		Ionth, Day, Year)
Much	D. Ool	rolg!	N	1).	Do	1/3	38		uly 5,	1990
MICHAEL Q.	Dobaid	SF			CONN.	AVE	Sila	T 1	SAAIX	2 Nd 50006
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		1							1
M 201 0 9 30	gunas	Davidson	Randa	00						



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BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physician the funeral director, page 5 should be detached for use as the burial-trainst permit
00	the the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burla, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Anna Louise GREEN 2. DATE OF DEATH MONTH DAY YEAR July 14, 1990 M									
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. la		IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH		HPLACE (State or Foreign
	219-20-0584A	1 M 2 X F	87	YRS.	HS DAYS	HOURS MIN.	May 1			yland
OR	9a. FACILITY NAME (II not institution, give Washington Count			9b. C	CITY, TOWN OR LOCATION OF DEATH Hagerstown Washington					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Morrow 1 and 1	hington			TOWN OR LOCATION					10d. INSIDE CITY LIMITS?
٥	Maryland Was	над	agerstown					1 TES 2 NO		
FUNERAL	4 Elwood Lane	101. ZIP CODE 21740				77.7	USA			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	VER IN U.S. AI YES 2 X OR DATES		If yes, sp	CENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	n, Puerto Rican		Spec	E — American Indien, ok, White, etc. city: ite	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			ECEDENT'S USUA Sive kind of work do a. Do NOT use retire	L OCCUPATION one during me	ON ost of working	16b. KINI	D OF BUSINE	SS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) UN KNOWN	College (1-4 or 5+)		housew						
BE CON	17. FATHER'S NAME (First, Middle, Lest) George H. Wellin	ger				18. MOTHER'S NA Sara	ME (First, Middle h Manic		neme)	
10 B	19e. INFORMANT'S NAME (Type/Print) Helen Reed,		19			e, Hager				
	20a, METHOD OF DISPOSITION 1 ¹⁰ Burial 2 □ Cremation 3 □ Rec	noval from State	20b. PLACE	OF DISPOSITION	(Name of ce	metery, cremetory or			ION City or T	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Rose	Hill C		TY ND ADDRESS OF FA	CHITY	Hage	rstown	, Maryland
	1 SCA71	<i>2.</i>	MINN	ICH FUNE	RAL HON		rstown	. Md. 21740		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Coronary Artery Disease 5 Atrial Fibrillating Due to (or as a consequence of): Ventral Hern in the perifonent Abscess Sequentially list conditions.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CE	PART II. Other significant condition	ns contributing to de	ath but not	resulting in the	underlyin	g cause given in		PERFORMES YES 2 13k	D?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							-			1 TES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTI	26. P	LACE OF DEATH (C/	neck only one)			
IXSI	1 TYES 2 NO	1 Inpetient 2 E			Nursing Hor	ne 5 🗆 Residence	_		IRY OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		INJURY	W	DRK? YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY At h :. (Specify)	iome, ferm, street,	factory, offi	DE .	28t. LOCATIO City or To	N (Street and wn, State)	Number of Rura	Route Number,
COMPLETED	(Critical Gray	SICIAN: To the best of my								(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CEPTIFI	ER MD		-		29c. LICENSE NU	MBER	29	_	50 (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type, Print)		-4	1 Prol	′ -9		
	31. DATE FILED (Month, Day, Year)	32. REGISTRARY	S SIGNATURE	an Alandal	2	-stown	, , , , ,	, ~	,,,-0	
	W 20 00		COLUMN TO SERVICE							

SHORESO TILLADO D

2.5

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	10)	CERTIFIC	AIE OF	DEATH	REG. NO		3. TIME OF DEATH	
	LENA	P. 601	REE	N		7	3 9	90 7:12	
	4. SOCIAL SECURITY NUMBER 218-76-0875	5. EX 6. AGE (In y	- //	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) July 10		BIRTHPLACE (State or Foreig Country) MARYLAND	
	9a. FACILITY NAME (If not institution, giv		9		OR LOCATION OF D		9c. COUNT	TY OF DEATH	
DIRECTOR	CROFTON CONVALESCENT CENTER CROFTON ANNE ARUNDEL								
REC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
-	MARYLAND AT	NNE ARUNDEL	ANN.	APOLIS	IOT, ZIP CODE		10a. CITIZI	1 YES 2 NO	
BY FUNERAL	1150 MADISON STE	REET			21403			J.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	13, WAS DE If yes, s 1 YE	ECENDENT OF HISPA specify Cuban, Mexic ES XX NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No 1	14. RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	15. DECEDENT'S E (Specify only highest gru Elementary/Secondary (0-12)	DUCATION 18 de completed) College (1-4 or 5+)	Ge. DECEDENT'S US (Give kind of work life. Do NOT use in HOUSEW	k done during m stired.)		16b, KIND OF BU	JSINESS/INDU	BLACK	
OME	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide	n Surname)		
BE C		PARKER				RGIANNA I	SAAC		
TO E	19a. INFORMANT'S NAME (Type/Print)	T				Route Number, City or To			
	GEORGE WASHINGTON				emetery, crematory or			City or Town, State	
	1 N Burial 2 Cremation 3 Re 4 Donalion 5 Other (Specify)	emoval from State	ELAWN ME	M. PAR	S K	ANN		S, MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE	& Deese		22. NAME /	AND ADDRESS OF F	& SONS MO	T ST.	ANNAPOLIS, M 21401 RY, P.A.	
	23. PART I. Entar the diseases, of	& Deese	ne death. Do not h line.	WILLI anter the m	AND ADDRESS OF F	& SONS MO	T ST.	ANNAPOLIS, M 21401 RY, P.A.	
ERTIFICATION	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition	M Reese or complications that caused the List only one cause on each	one death. Do not hillne. Jack Donseouence of:	WILLI anter the m	AND ADDRESS OF F	& SONS MO	T ST.	ANNAPOLIS, MARIAN P.A. Pat, P.A. Approximate interval Betw	
MEDICAL C	23. PART I. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentlelly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):	WILLI anter the m	AND ADDRESS OF F	& SONS MO	T ST. RTUAAF Diratory arre- RAUTOPSY PRMED?	ANNAPOLIS, MARIAN P.A. Pat, P.A. Approximate interval Betw	
: MEDICAL C	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the conditions of the cause of the c	b	ONSEQUENCE OF):	22. NAME / WILLI antar the m	AND ADDRESS OF F	& SONS MO ch as cerdlac or resi	T ST. RTUAAF Diratory arre- RAUTOPSY PRMED?	ANNAPOLIS, I 21401 RY, P.A. Pat, Approximate interval Betwonset and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMMERCE PRIOR TO COMPARE P	
SICIAN: MEDICAL CI	23. PART I. Enter the diseases, of shock, or heart failure immediate cause (Finel disease or condition resulting in death) Sequentielity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and cause (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):	22. NAME / WILLI antar the m	AND ADDRESS OF F	& SONS MO ch as cerdlac or resi	T ST. RTUAAF Diratory arre- RAUTOPSY PRMED?	ANNAPOLIS, I 21401 RY, P.A. Pat, Approximate interval Betwonset and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMMERCE PRIOR TO COMPARE P	
PHYSICIAN: MEDICAL CI	23. PART I. Enter the diseases, of shock, or heart failure immediate cause (Finel disease or condition resulting in death) Sequentielity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and conditions in death and conditions are supported by the con	DUE TO (OR AS A CO. DUE TO (O	ONSEQUENCE OF):	22. NAME / WILLI antar the m the underlyin 28. I Nursing Ho OF 28c, II N	AND ADDRESS OF F	& SONS MO ch as cerdlac or resi	T ST. RTUAAF Diratory arreit N AUTOPSY PRIMED? 2 □ NO	ANNAPOLIS, 1 21401 RY, P.A. Pet, Approximate interval Bety Onset and D 24b. Were autropsy find Awail.Asile Prior to Completion of CAU OF DEATH? 1 YES 2 NO	
SICIAN: MEDICAL CI	23. PART I. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentlelly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Newral 5 Pending	DUE TO (OR AS A CC DUE TO	DNSEQUENCE OF): DNSEQUENCE OF): DNSEQUENCE OF): DNSEQUENCE OF): All home, farm, street	22. NAME / WILLI antar the m the underlyin the underlyin THER: Nursing Ho Y M 1	AND ADDRESS OF F	ACILITY 8 2 1 WES & SONS MO ch as cerdlac or resi	T ST. RTUAAF Diratory arreit N AUTOPSY RMED? 2 NO	ANNAPOLIS, 1 21401 RY, P.A. Pet, Approximate interval Bety Onset and D 24b. Were autopsy find AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	

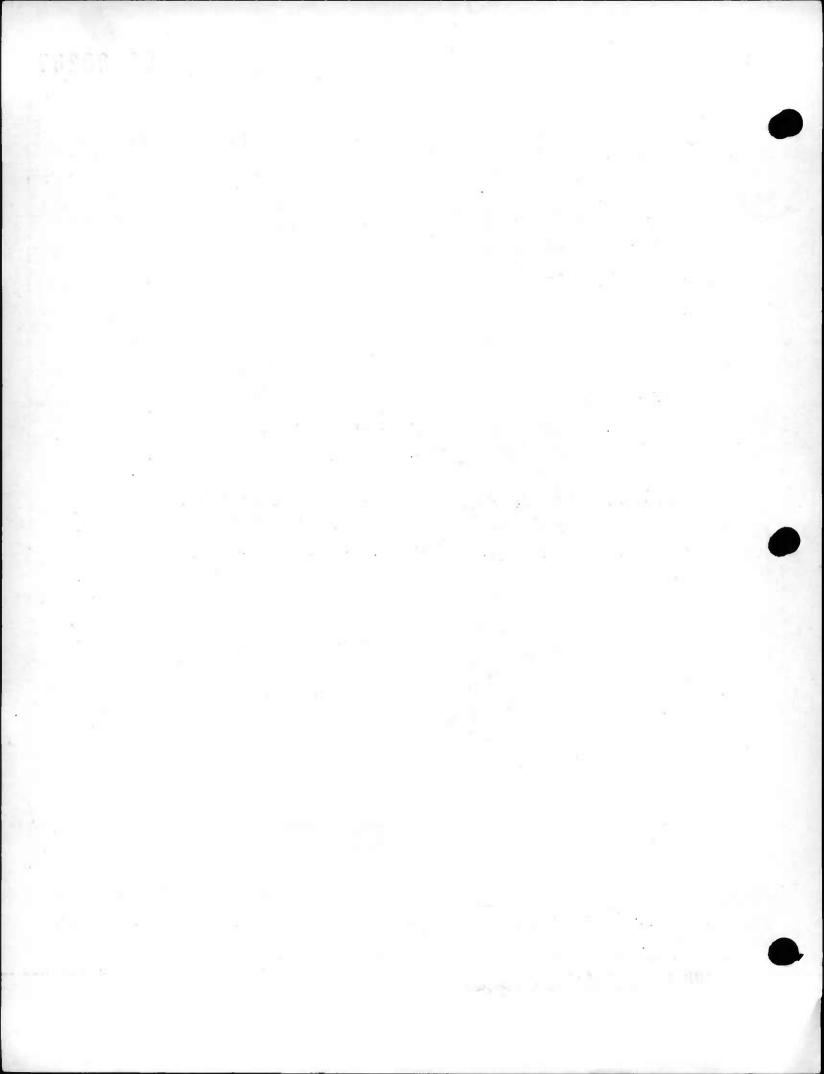
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dong G

JUL 1 1 1990 Julia Devidson Randale

31. DATE FILED (Month, Day, Year) 5/90

OHMH-18 Rev 1/89



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5	E	E #	28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	R	E SH	E
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	8	ithi.	3
	I	E A	E
	王	工意	2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crema	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event,

31. DATE FILED MONT. O

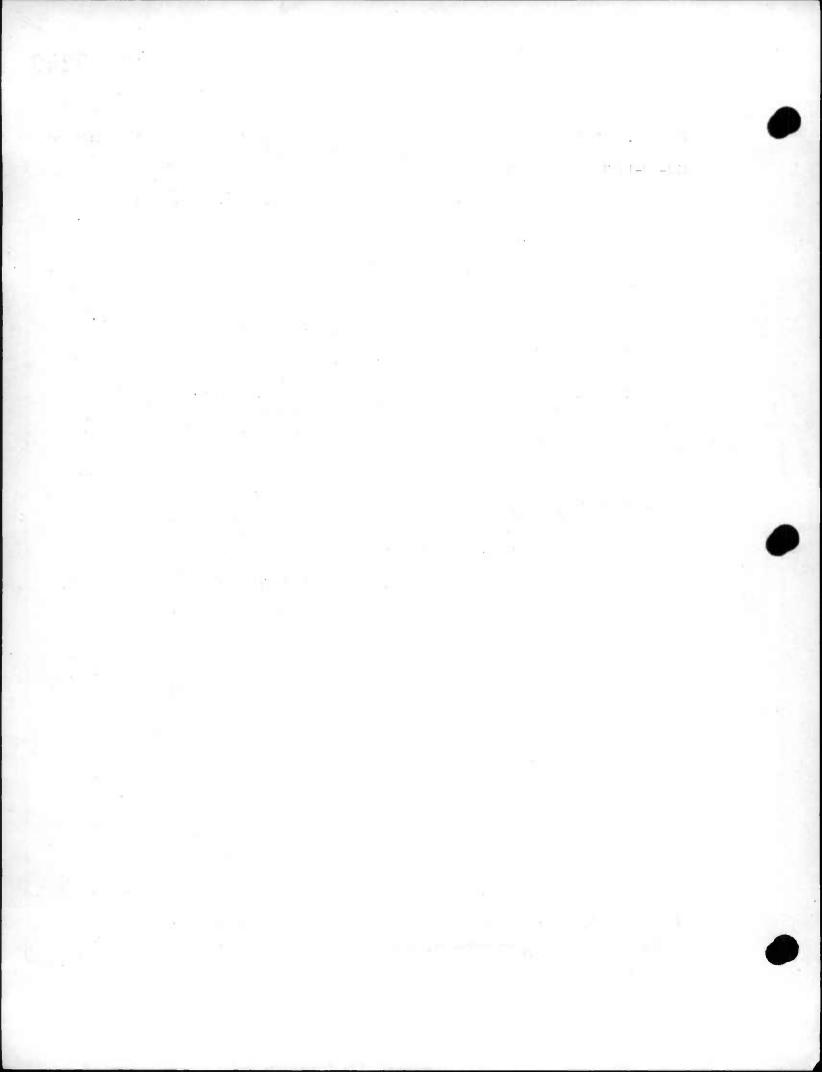
'90

J	oseph Nervin Hensor	n, Sr.						an 5051
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	IEALTH AND N	MENTAL HYGIEN		
100	1. DECEDENT'S NAME (First, Middle, Last)	6 0	Her	1500	J.	2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-22-8621	5. SEX 6. AGE (in 12 F 62	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	March 30, 1		HIRTHPLACE (State or Foreign country) aryland
ron	90. FACILITY NAME (If not institution, give structure) Washington County RESIDENCE OF DECEMENT			Hagers	TOWN	ATH	9c. COUNTY	
DIRECTOR	10e. STATE 10b. COUNTY	shington	5-74	, town on Loca Hagersto				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 945 Mt. Aetna Roa	ad			21740		10g. CITIZEN USA	OF WHAT COUNTRY?
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 TY YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	CENOENT OF HISPAN secify Cuben, Mexical i 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No— 14.	RACE — American Indien, Black, White, atc. Specify: White
	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION	(Give kind of w life. Do NOT us	,	ost of working		JSINESS/INDUST	
COMPL	12 years 17. FATHER'S NAME (First, Middle, Lest)	System	ns Analy	16. MOTHER'S NAI	ME (First, Middle, Maide			
TO BE	Edward Newton H				and Number or Rural F	Leocardia Route Number, City or To	vn, State, Zip Coo	
T	Myrle E. Henso 20e. METHOD OF DISPOSITION 1 Burlet 2 X Cremetton 3 Remo	206.	PLACE OF DISPOS	SITION (Name of ce	metery, crematory or	20c. L	OCATION — City	
	4 Donation 5 Other (Specify)	22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac						rg, Maryland
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Out to (of as a consequence of):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A (CONSEQUENCE OF	F):				9
: MEDICAL	PART II. Other eignificant conditions	a contributing to death bu	,	in the underlyin	g cause given in		N AUTOPSY PRMED? 2 M NO	24b. WERE AUTOPSY FINDIN AVAILABLE PRIDE TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tlent 3 🗆 DOA	OTHER:	LACE OF OEATH (Cha			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO						
ETED.	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, atc. (Specif	(v)			28f. LOCATION (Stree City or Town, Stat	9)	nurai noute number,
COMPL	(Check only one) 2 MEDICAL EXAMINES	CIAN: To the best of my knowle R: On the basis of examination			death occured at the	time, date end place,	end due to the co	
TO BE	TOTAL TIME AND TITLE OF CERTIFIER	· tura	,		29c. LICENSE NUM	824	29d. DATE SI	GNED (Month, Day, Year) ly 9, 1993
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA		, Print)	LL ST.	CHAG	HRS-	rown, mo

32. BIGINTRAPH SIGNATURE PANDERS

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Servicus after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the f be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traun

	1 - STATE REGISTRAR	STATE OF MARYI		TMENT OF		MENTAL HYGIE	_			
	1. DECEDENT'S NAME (First, Middle, Last) NAOMI R. HAUSE	Naomi Ruth H				2. DATE OF DEATH	DAY Y	EAR	2:30 pm M	
	4. SOCIAL SECURITY NUMBER 212-82-1407	MONTHS DAYS HOURS MIN.							E (State or Foreign	
JR	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Western Maryland Center - 1500 PA Ave. Hagerstown, MD 21740 Washington									
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			Y, TOWN OR LOC		21/30	Wasiii		INSIDE CITY	
	Maryland	Washington	H	agersto	vn					
FUNERAL	100. STREET AND NUMBER 218 Norway Aven	ue		1	or, ZIP CODE 217	40	10g. CITIZEI	S.A.	COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 K Merried 3 Widowed 4 Diverced	IN U.S. ARMED 2 NO DATES	If you, a		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) y:	ee or No 14	I. RACE — A Black, Wh Specify:	American Indian, ita, etc. white		
PLEIEU	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 0-12	CATION completed) Coflege (1-4 or 5+)		USUAL OCCUPAT work done during n se retired.) ewife	TION nost of working	16b. KIND OF B	USINESS/INDUS	TRY		
COMPL	17. FATHER'S NAME (First, Middle, Last) Orie A. P.	aden	len Ha							
IO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Gladys L. F	oreman				Route Number, City or To Waynesbo			58	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place of dispo- Cedar La		emetery, cremetory or rial Park		ocation - ch		aryland	
	21. SIGNATURE OF FUNESIAL SERVICE-LIN	3. Bim	mich		AND ADDRESS OF FA East Wils		ch Fune Hagers		Home , MD 21740	
	23. PART I. Enter the diseases, of ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. PN	each line. FUMOI A CONSEQUENCE O	∨ /A	ode of dying, suc	ch as cardiac or ree	piratory arres	t,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. COA DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE O	VE HE, SIAL PD:	INFAR	CTION	,			
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	s contributing to death	but not resulting	In the underly	ng cause given in		IN AUTOPSY DRMED? 2	COA OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)				
HYS	1 TYES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	AE OF 28c. II	NJURY AT	8 Other (Specify) 28d. DESCRIBE HOV	/ INJURY OCCU	RED		
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could get be	28e. PLACE OF INJUR		M 1	YES 2 NO	28f. LOCATION (Street	t and Number or	Rural Bouta	Number	
TED	4 Homicide 8 Could not be determined	building, etc. (Sp	ecify)			City or Town, Sta	(e)			
COMPLETED	onel -	ICIAN: To the best of my kno ER: On the basis of examinat							d menner ee stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	na na ala	1001	29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Mor	nth, Day, Year)	
2		10 COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	(1)1)1N e, Print)				101	10	
		CVANIA F		AGER.	STONN	MD 217	40			
	31. DATE FILED (Month, (Say,) (Say)	32. REGISTRAR'S SIG	son-Mandal	4						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

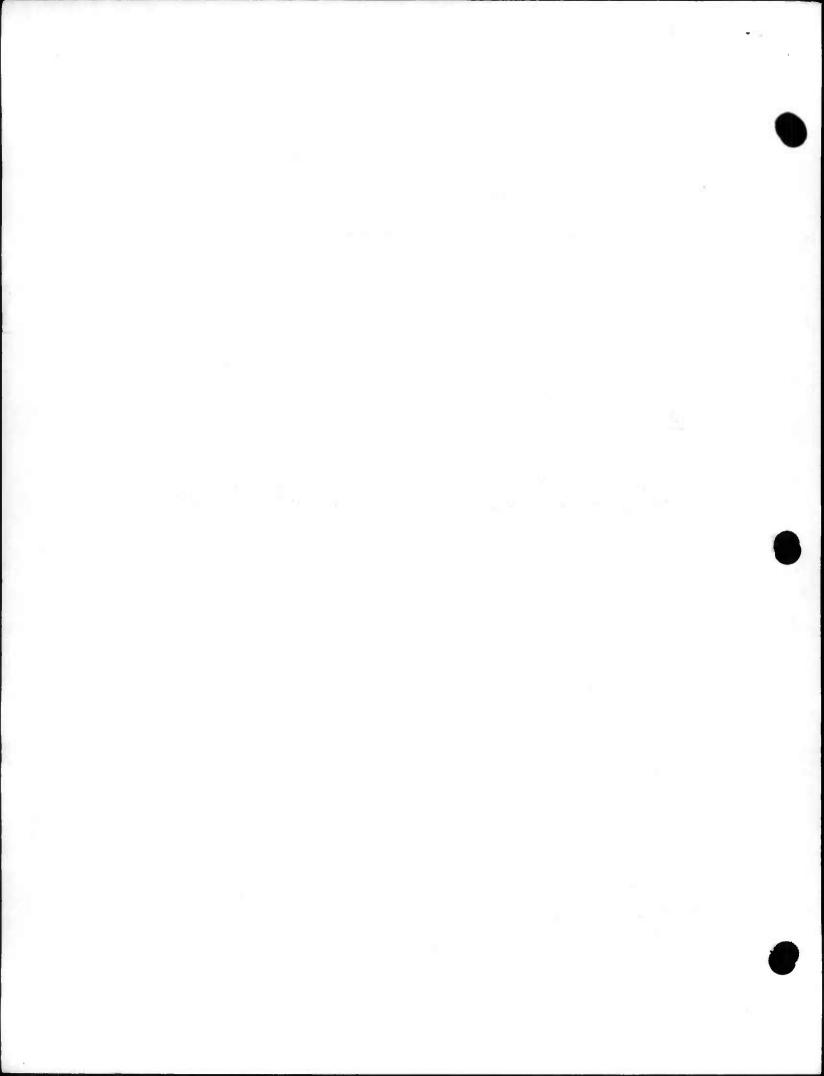
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OIAIL OI II	CE			OF DEA		MENTAL N	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last							2. DATE OF I	DEATH DA	ıv.	YEAR	3. TIME OF DEATH
	Reese NMN Hines							June 29, 1990				5:50p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y		R 24 HRS.	7 DATE OF F	HRTH V Mari	7		PLACE (State or Foreign
	215-14-3262	YRS.	MONTHS D	NYS HOURS	MIN.	Jan 6	, 1899	9	Count	" MD		
	9a. FACILITY NAME (If not institution, give					WN OR LOCAT		ATH		9c. COU	NTY OF D	
e l	Kent & Queen An	ne's Coun	ty Hospi	tal		hester	town			Kei	nt Co	ounty
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TV		10c CIT	Y, TOWN OR L	OCATION						10d, INSIDE CITY
E	MD Kent				estert							LIMITS?
	10e. STREET AND NUMBER					101. ZIP COD)E			10a. CIT	IZEN OF W	VHAT COUNTRY?
A	RT #1, Box 471					2162					USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13, WAS			IIC ORIGIN? (S	pecify Yes	or No—	14. RACE	- American Indien,
	1 Never Married 2 Married	FORCES? 1	YES Z	10	If yo		en, Mexica	n, Puerto Ricer			Speci	c, White, etc.
BY	3 Widowed 4 Divorced						opouny				9000	W Black
COMPLETED	15. DECEDENT'S ED (Specify only highest gra		/G	ive kind of	USUAL OCCU	PATION ng most of work	ing	16b. KIN	D OF BUS	SINESS/INC	DUSTRY	
9	Elementery/Secondary (0-12)	College (1-4 or 8	+}	Do NOT u	se retired.)			0:11	- 73-			
MP	1	1111		Labo	rer					ctory	/	
	17. FATHER'S NAME (First, Middle, Last) Charles Hines.	Clan						ME (First, Middle a Ellic		Surname)		
BE	,	31.	1 40		100000000000000000000000000000000000000				-	0	0.11	
2	19a. INFORMANT'S NAME (Type/Print)		19		dtown,		er or Hurai F	Route Number, (my or low	n, State, Zıç	Code)	
	20g, METHOD OF DISPOSITION		20b. PLACE			of cemetery, cre	matory or		20c. LO	CATION —	City or To	wn. State
	1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	other pi	manal		sant C		ery		ndto		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				ME AND ADDRI						
	Mar B	1,11	1.0					al Hom				- ND 01051
	23. PART I. Enter the diseases, D	complications the	t caused the de	eth Do								n,MD 21651
	shock, Dr heert feilure	. List pnly pna cau	uae Dn each line	i.	not anter th	i mode bi o	ynig, auci	ri an Cardiac	ы төарі	lathiy of	ivat,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		Comb	MIL	7500	660	- ~	2:5-0	·ca			Onset shd Desth
-	resulting in death)	(OR AS A CONSE	rovas certar distase						gent			
2												
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSE	DUENCE O	PF):				_			
S	cause. Enter UNDERLYING CAUSE (Diseesa or injury	c		CONSEQUENCE OF):								
E	that initiated events reaulting in death) LAST	DUE TO	(OR AS A CONSE									
H	Todating in Guality Excel	d										<u> </u>
اد	PART II. Other significant conditi								. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
DICAL	multiple	previ	ous s	lu	all	Stre	ne:	2 1	YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Ä												1 YES 2 NO
ä												
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (Ch	eck only one)				
YSI	1 TES 2 THO	1 Inpatient 2	☐ ER/Outpatient 3	□ DOA		Home 5 🗆 F	Reeldence	8 Other (Sc	necify)			
H	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF (Month, L		26b. TII	JURY	c. INJURY AT WORK?		28d. DEŞCRI	BE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation					YES 2	□ NO					
	3 Suicide 6 Could not b	26e. PLACE C building,	OF INJURY — At he , atc. (Specify)	me, farm,	atreet, factory	office			own, State)	and Numbe	r or Runal I	Route Number,
E										_		
AP.	(Critical brilly	rSICIAN: To the best of										
COMPLETED	2 MEDICAL EXAMI	NER: On the basis of e	examination end/or	Investigati	on, in my opin				l place, en	id due to I	he cause(s	s) and manner as stated,
BE	296. SIGNATURE AND TITLE OF PERTIF	IER			11.		CENSE NUI	MBER				(Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON V	WO COMPLETED AND	LULU (TE	M 07 (5 -	Me	5 P	1005	700			112	140
	CONTENDA	Barras	OF DEATH (ITE	1) (1)0	e, Printi)	heel.	0	wn.	m		211	190
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	11/		الهاا	J 10	וושונ	1.1	G .	CYTU	
5	JUL 03 ign		idson-Rang	tell								
~	A0- 0 > All	1	1.400									



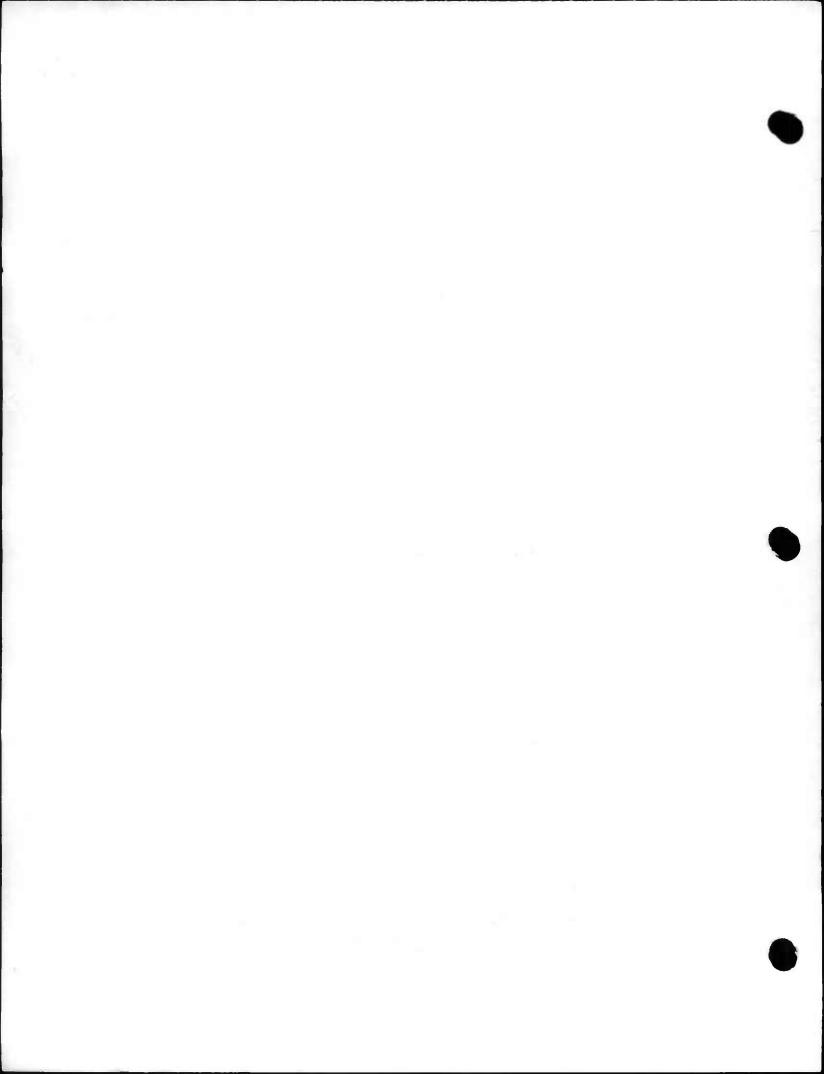
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF DEA	ATH
BABY GIRL HAWK	INS				MONTH TIINE 1	0, 1990	YEAR	1:20	р м
	5. SEX 6. AGE (UNDER 1 YEAR NTHS DAYS 1 1	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 05-30	TH (bar)	8. BIRTHP Country)	LACE (State or I	-
9e. FACILITY NAME (If not institution, give stre	et and number)	96	CITY, TOWN O	R LOCATION OF DI			TY OF DE	ATH	
THE JOHNS HOPKINS	S HOSPITAL	В.	ALTIMO	RE		BALTI	MORE	CITY	
10e. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCAT	ION				10d. INSIDE CIT LIMITS? 1 YES 2	
10e. STREET AND NUMBER			101	ZIP COOE		10g. CITIZ	ZEN OF WI	HAT COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPAI			14. RACE	- American Inc	ilen,
1 Never Married 2 Married	FORCES? 1 YES			2 NO Specific		etc.)	Specify	White, etc.	
3 Widowed 4 Divorced								B/AC	K_
15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		18e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo-		16b. KIND	OF BUSINESS/IND	USTRY		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Melden Surname)			
DANIEL	JONE	S		. 1	RITA HAV	VKINS			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	nd Number or Rural	Route Number, City	or Town, State, Zip	Code)		
RITA HAWKINS		P.O. BOX	X 521 V	. MCKENI	DREE RD.	DUNKIR	K, M	D. 2075	54
200. METHOD OF DISPOSITION	206	PLACE OF DISPOSITION	ON (Name of cen	netery, crematory or	1	ROC. LOCATION	City or Tov	vn, State	_
1 Buriel 2 Cremation 3 Removed 4 Denetion 5 Other (Specify)	rel from State	E JOHNS H	OPKINS	HOSPITAL	<u>.</u>	BALTIMO	RE.	MARYLA	ND
21. SIGNATURE OF FUNERAL SERVICE LICE				ID ADDRESS OF FA					
23. PART I. Enter the diseases, price			<u> </u>	N. WOLF				. 21205	5
ahock, or heart feilure. L iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	COMPLEX CON		EART DI	SEASE				Onset ar	Between and Death
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				-			
PART ii. Other algnificant conditions	contributing to death b	ut not resulting in t	tha undarlying	g ceuse given in	N.	MAS AN AUTOPSY PERFORMEO? YES 2 NO		WERE AUTOPSY AWAILABLE PRID COMPLETION DE OF DEATH? 1 YES 2	R TO F CAUSE
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	eck only one)				
EXAMINER?	HOSPITAL: 1 Minpatient 2 ER/Outs		THER:	e 8 🗆 Residence		iftv)			
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJ	URY AT		HOW INJURY OC	CUREO		-
1 Natural 5 Pending	(Month, Day, Year)	INJUR		PRK?					
2 Accident Investigation 3 Suicide 8 Could not be 4 Hemicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre	et, factory, offic	•	28f. LOCATION City or Town	(Street and Number n, State)	or Rural Re	oute Number,	
000)	IAN: To the best of my know							end manner ea	stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1.7		_	29c. LICENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Yea	r)
Harry C.	the MD					D 6	10/	90	
30. NAME AND ADDRESS OF PERSON WHO HATTY C. DIETZ	COMPLETED CAUSE OF DE W BRAD 4 32. REGISTRAR SIGNAR JUNE	ATH (ITEM 27) (Type, Pr	s Hopk	INS HOS	PITAL	-600 N	Buch	le sto	11205
31. DATE FILED (Month, Day, Year) JUL 23 '91	32. REGISTRAR'S SIGN	Davidson-Ra	ndell				- 0		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xmood; after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Las GEO	_	dford	Haddaway		2. DATE OF DEATH DA	Y YE.	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)		IF UNDER 24 HRS.	6-30-90	100	12:10AM M
	219-60-1450	1 1 M 2 🗆 F	38 YRS.	MONTHS DAYS	HOURS MIN.	L952 MARYLAND		
_	9a. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN C	R LOCATION OF DE	ATN	9c. COUNTY	
DIRECTOR	Memorial Hospit		Easto	n		Talbo	t County	
<u>ي</u>				TY, TOWN OR LOCAT	ION	-		10d. INSIDE CITY LIMITS?
	MARYLAND T				MAN			1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
ij		EAST COOPERTOWN ROAD			21671			U.S.
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	If yes, sp	city Cuben, Mexican	IC ORIGIN? (Specify Yes I, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 TYES	2 R NO Specify:	:		Specify: WHITE
	15. DECEDENT'S El (Specify only highest gra		16a. DECEDENT'S	S USUAL OCCUPATION Work done during mo	ON at of working	16b. KIND OF BUS	SINESS/INDUST	RY
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)		f work done during mo use retired.)	•	0.7	3 TOOD	
MP	9 17. FATNER'S NAME (First, Middle, Last)	0	WATE	RMAN	40 1407147010 1444	ME (First, Middle, Malden	AFOOD	
	JOHN ALEXAN	пер нупруг	IAV CD			BELLE N		
BE	19a. INFORMANT'S NAME (Type/Print)	DIK IMDDIN		IG ADDRESS (Street a		loute Number, City or Tow		
일	J. ALEXANDER	HADDAWAY,		O. BOX		GHMAN, M		
	20a. METNOD OF DISPOSITION 7	-3-1990	20b. PLACE OF DISPO	OSITION (Name of cer	netery, cremetory or	20c. LO	CATION — City	or Town, Btate
	4 Donation 6 Other (Specify)	emoval from State	TILGHMA	N METHO	DIST CE	M. TI	LGHMA	N, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- 0	22. NAME AF	ID ADDRESS OF FAC	NEWNA	M FUN	ERAL HOME
	IVI. E. Ne	nerdane os	CFSP	200	S. HARR	ISON ST.	EAS	TON, MD.
	23. PART I. Enter the diseases, o shock, or heert feilur IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	e. Liet only one ceuse o	n eech line.		ae or aying, such	n as cerdiec or respi	ratory errest.	Approximete Interval Between Onset and Daath
CERTIFICATION	Sequentieily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intileted events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
FE	resulting in death) LAST	d						
PHYSICIAN: MEDICAL CE	PERFORMED? XX YES 2 \(\text{NO} \)						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL	-						
200	EXAMINER?	HOSPITAL:	Outnotient 3 🗆 DOA	OTHER:	ACE OF DEATH (Che			
H	27. MANNER OF DEATH	26e. DATE OF INJU	RY 26b. TI	IME OF 28c. INJ	URY AT	28d, DESCRIBE HOW I	NJURY OCCUR	ED _
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	6-30-90	12:	Olam 1 —	PRK? YES XX NO	Driver in	Pick-	up lost contro
COMPLETED	3 Suicide 8 Could not	3 Suicide S Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Town, State						Rural Route Number, e Rd.Trappe,
3	29e. CERTIFIER (Check only 1 CERTIFYING PN	YSICIAN: To the best of my k	nowledge, death occu	irred at the time, date	end plece, end due	lalbot, Cou	nty and	D
No.	one) —							euse(e) end manner ee stated.
BE	29b. DONATURE AND TITLE OF CERTIFIC	e Krell	,		29c. LICENSE NUM	IBER	29d. DATE SI	GNED (Month, Dey, Year) 30-90
임	30. NAME AND ADDRESS OF PERSON		OEATH (ITEM 27) (Typ	pe, Print)	Chanch T	Daltimore	MID 212	01 VC
		ORELL,MD	101111100	TIT Penn	street,	Baltimore,		01 40
	31. DATE FILED (Month, Day, Year) JUL - 2 '90	32. REGISTRAR'S	Evidous Hond	ture.				

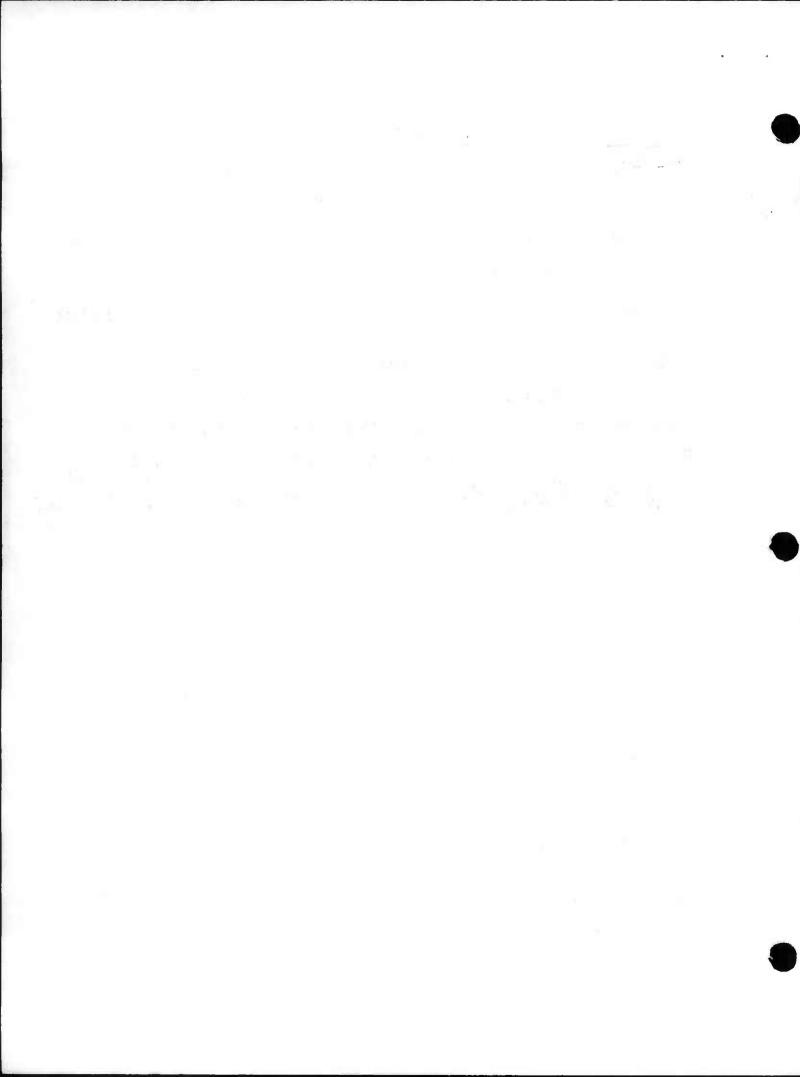
TO BE COMPLETED BY FUNERAL DIRECTOR

•	thin
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. BOX 13146,	executed
Κ.	20
C. EC	certificate
7	death
3	the
Ī	that
1 1 1 1	requires
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₹	The
VISION OF VITAL RECORDS, P.O.	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
IISION	ATTENDING

IN THE MUSTIAL OR ALLENDING PRINCIPLY. THE LAW REQUIRES THAT HE DESCRIPTION OF THE HOSPITAL OF ALLENDING BY THE HOSPITAL OF ALL OF ALLENDING BY THE HOSPITAL OF ALL OF ALL OF ALL OF ALL OF AL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Remedios P.	Hounshel	1	2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH SOSA M
4. SOCIAL SECURITY NUMBER 273-66-4830	1 - M 2 XF 6	6 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 3 24	Cou	Phillipines
90. FACILITY NAME (If not institution, give so St. JUSUPH HUSPIHM RESIDENCE OF DECEDENT	reet and numbert ,	91	Towson	DEATH	9c. COUNTY OF	imore)
100. STATE JHO 106. COUNTY	Warren		OWN OR LOCATION			10d. INSIOE CITY LIMITS? 1 ☐ YES 2 🙀 NO
100. STREET AND NUMBER 5727	Lynn Drive		101. ZIP CODE 450	05	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISP If yee, specify Cuben, Mexi 1 YES 2 NO Specify	can, Puerto Ricen, etc.)	Bio	CE — American Indian, ick, White, etc. Phillipine
15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12) 12	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re Homen	done during most of working stired.)	Dom	siness/industry	
17. FATHER'S NAME (First, Middle, Last)	Jnknown		18. MOTHER'S	IAME (First, Middle, Meiden Unknown	Sumame)	
190. INFORMANT'S NAME (Type/Print) Carl Hounshell			pages (Street and Number or Rure	I Route Number, City or Tow		005
20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetton 3 Rem 4 Donetton 5 Other (Specify)	oval from State	b. PLACE OF DISPOSITI	on (Name of cometery, cremetory of unty Memorial	20c.10	nton Oh	Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC		1	22. NAME AND ADDRESS OF	FACILITY Marzul	lo Fune	ral Service
shock, or haart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. MYDCAFU DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS		NEARLTIOI UBERCULOSIS FIBROSIS	v c		Interval Between Onset and Death
PART II. Other significant condition	e contributing to death	but not resulting in	tha undariying cause given	in Part i. 24a. WAS AN PERFO	RMED?	4b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA 4	26. PLACE OF OEATH (THER: Nursing Home 5 Reeldenc	e 8 - Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Yeer)	28b. TIME C	WORK? M 1 YES 2 NO	26d. DEŞCRIBE HOW	INJURY OCCURED	
3 Suicide a Could not be determined	28e. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, atre	et, fectory, office	281. LOCATION (Street City or Town, State,	end Number or Run)	al Route Number,
CONSULT OTHY			at the time, date end place, end d			e(e) and menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WE	o completed cause of D	EATH (ITEM 27) (Type, Pr	29c. LICENSE N	2/5	29d. DATE SIGN	EO (Month, Day, Year)
31. DATE FILED (MONN), Day, Year)	32. REGISTRAN'S SIN	MATURE Handa	00_			



isit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-product after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL CHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tranched mith 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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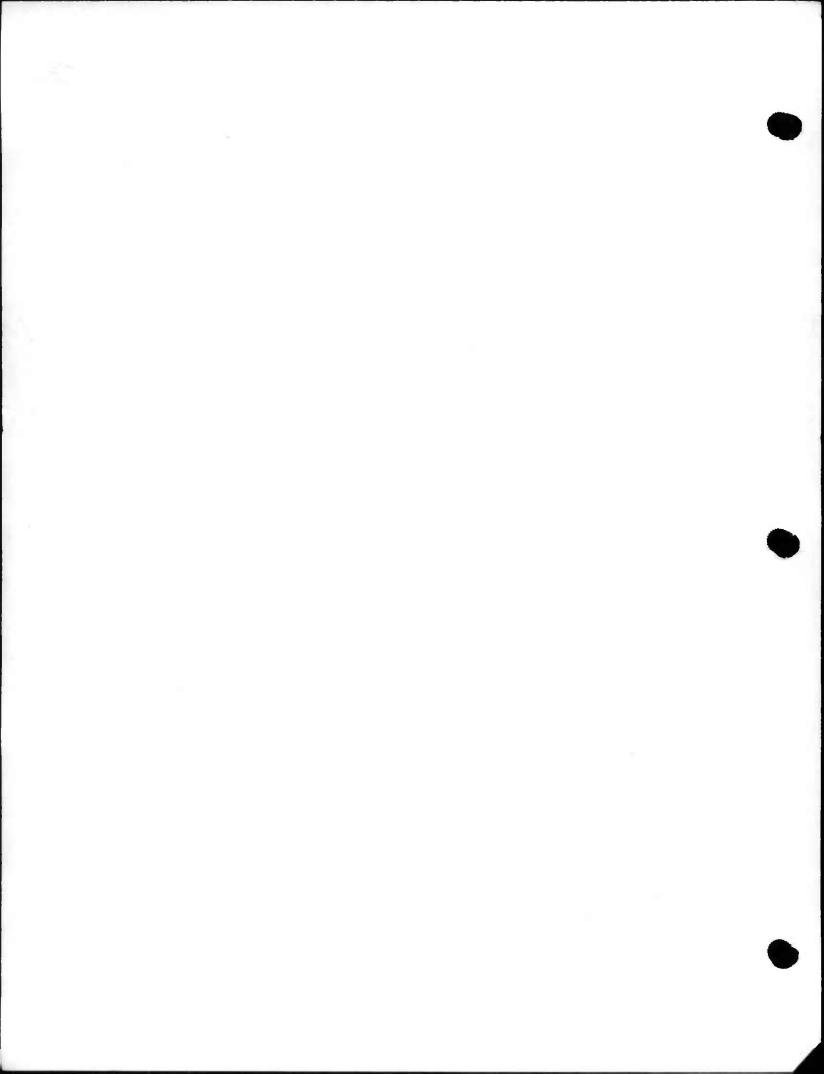
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIEN	_	
	1. OECEOENT'S NAME (First, Middle, Lest)	Destrois	+			2. DATE OF DEATH	AV YFA	3. TIME OF DEATH
	Hattie 4. SOCIAL SECURITY NUMBER 5.	Beatrice		Hick	IF UNDER 24 HRS.	2. DATE OF BIRTH	-	RTHPLACE (State or Foreign
	217-36-5897	☐ M 2 🙀 F	77 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 08 (26 / 1	2 1	Maryland
~	9a. FACILITY NAME (If not institution, give street				R LOCATION OF OR		9c. COUNTY O	F DEATH
DIRECTOR	Calvert Memorial	Hospital			Frederi	ck	Cal	vert
R	10s. STATE 10b. COUNTY			DWN OR LOCAT				10d. INSIDE CITY LIMITS?
		vert	Prin		derick			1 TYES 2 K NO
₹ 	10e. STREET AND NUMBER				ZIP CODE			OF WHAT COUNTRY?
FUNERAL	149 Arthur King I				0678		USA	
F	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U FORCES? 1 YES	2 X NO			HC ORIGIN? (Specify Yenn, Puerto Ricen, atc.)	В	ACE — American Indian, liack, White, atc.
B≺	3 🕱 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATE	ES	1 🗌 YES	2 NO Spec/fy	y:	s	pecify: Black
	15. DECEDENT'S EDUCAT	ION I	6a. OECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUSTR	v
E	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working	200000000000000000000000000000000000000		
PL	0-4	Jonege (I-4 OF 5+)	Domest	lc .				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
	Issac Freeland				Mamie	Chew		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	nd Number or Rural i	Route Number, City or Tox	n, State, Zip Code)
5	Lowell Thomas		P.O. Bo	ox 702	Prince F	rederick,	MD 2067	78
	20a. METHOD OF DISPOSITION		LACE OF DISPOSITI				CATION — City o	
	# Burial 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)	I from State	Patuz	cent Ch	urch Cem	Hur	ntingtov	vn, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN		_	22. NAME A	D ADDRESS OF FA	CILITY	T	77
	> Spencer E.	Somell		1/51	D D -		Funeral	ed., MD20678
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)		h line.					Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A C						7=
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of		_	-		Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
2						_		1 1 12 2 1 110
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Ch	eck only one)		
SC		IOSPITAL:		THER:				
448	27, MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME 0		URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WC	YES 2 NO			
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY -	- At home, ferm, stre			28f, LOCATION (Street	and Number or Ru	iral Route Number.
ED	4 Homicide S Could not be	building, etc. (Specify)			City or Town, State		
COMPLETED		AN: To the best of my knowled	dge, death occurred a	at the time, date	and place, and due	to the cause(a) and ma	nner as stated.	
ő	one) 2 MEDICAL EXAMINER:	On the basis of examination a	and/or investigation,	in my opinion, o	leath occured at the	time, data and place, a	nd due to the cau	se(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	-//			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
	16h KA	Nogel no	N		026	358	P 7-	11-90
5	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEAT	ye ⁴ (1ΤΕΝ 27) (³ 504, ?*	ing)				
	John Weigel, M.D.			Prin	ce Frede	rick, Md 2	0678	
	31. DATE FILED (Month, Day, Year)	Julia Davidson	Mandell					

after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	iding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Hygiene prior to bun'al, cremation, or removal.	r other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hosp	incate has been signed by the attending physician and completely filled in by the funeral direct	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

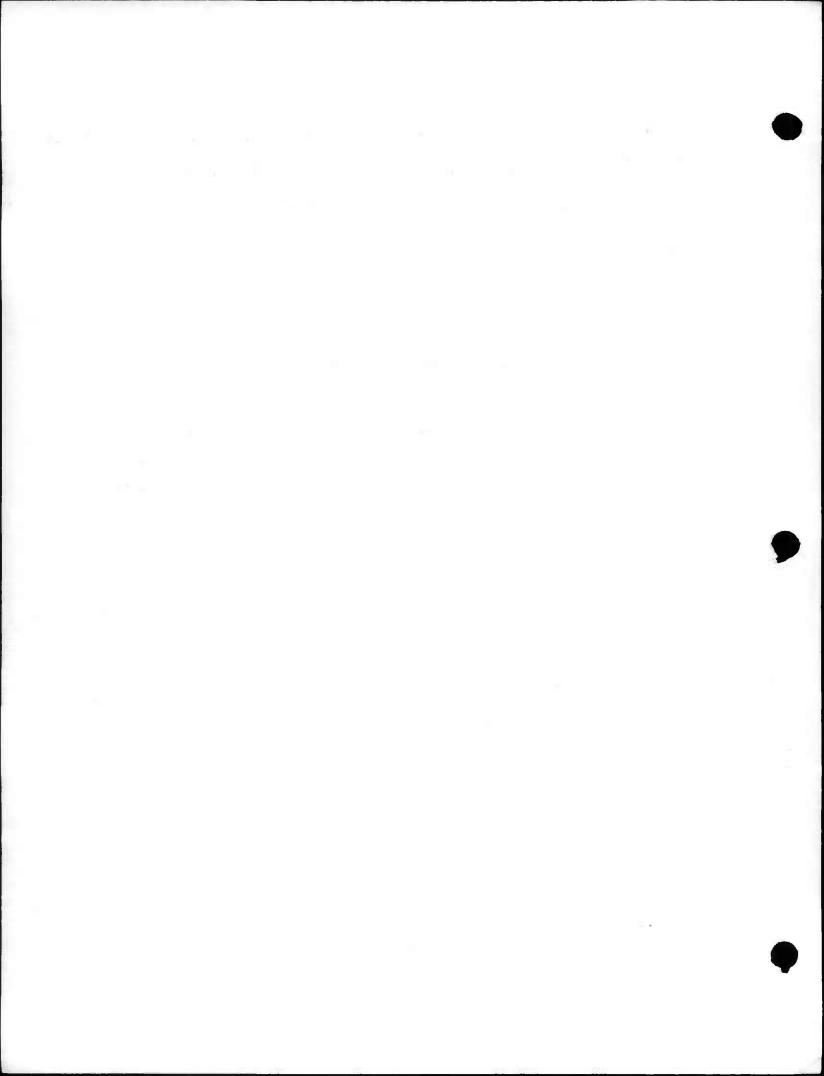
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E	
11	1. DECEDENT'S NAME (First, Middle, Last)				I	2. DATE OF DEATH		3. TIME OF DEATH
	LOUISE	WHALEY H	HOWARD		}	6 - 2	v 6 - 19	90 5:50 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign
	E 13-30-30E0	1 □ M 2 X X 84	4 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8 - 12 - 19(05	Country) Virginia
e	9a. FACILITY NAME (If not institution, give stre Salisbury Nursing				R LOCATION OF DE	ATH	9c. COUNTY	
0	RESIDENCE OF DECEDENT	ноше		Salis	oury		Wico	mico
낊	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	TON			10d, INSIDE CITY
E	MD Wico	omico	s	alisbu	ry			LIMITS? 1 XYES 2 NO
4	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
FUNERAL DIRECTOR	731 Smi	th St.			21801			J.S.A.
3		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yes	or No 14	. RACE — American Indian, Black, White, atc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR OA		1 TYES	2XXIO Specify.	n, Puerto Rican, etc.)		Specify: White
						Town and account		
	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give kind of w	USUAL OCCUPATION Fork done during more Fretired.)	ON ist of working	16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		cher		Publ:	ic Scl	nool
N N	17, FATHER'S NAME (First, Middle, Last)				40 MOTNED'S NAM	ME (First, Middle, Malden	Cromama)	
8	Walter	Whale	⊇∨			ohine	Surneme)	Dale
H	19a. INFORMANT'S NAME (Type/Print)		-	ADDDESS /Street		loute Number, City or Tow	n State Zin Co	
2	Susan Mathe	er				ge Ln. Bo		
1	20a METHOD OF DISPOSITION	20b	. PLACE OF DISPOS					y or Town, Stata
	1X Burisi 2 Convertion 3 Removed	ral from Stata	other place)	Cemete				sville, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0	22. NAME A	ND ADDRESS OF FAC	CILITY		
	D. 4	10	X _	+ 20	ada Euro	eral Home	1	isbury, MD
-	Suala (/ orun	02					
	23. PAPT i. Enter the diseases, or co ahock, or heert fellure. Li			ot enter the mo	de of dying, suct	n ee cardiec or resp	ratory arree	Interval Between
	IMMEDIATE CAUSE (Fine)	_			2	10		Onset and Death
	resulting in deeth)	05	CONSEQUENCE OF	V go	al,	teclery		
		DUE TO TOP AS A)					
Z I	- h		Al CIN	7:				
\subseteq	Sequentially list conditions,	OUE TO (OR AS A	CONSCOUENCE OF					
ATIC	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	CONSCOUENCE OF					
IFICATIO	if any, leading to immediate		CONSEQUENCE OF	P):				
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			ን :				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF			Basi Lau man		Tau was uzasa suna
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF		g ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMMENTATION OF CAMES
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF		g ceuse given in		RMED?	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF		g ceuse given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in deeth) LAST PART II. Other aignificant conditions	DUE TO (OR AS A	CONSEQUENCE OF	in the underlyin		PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A contributing to death b	ut not resulting i	26. P	LACE OF DEATN (Ch	PERFOI 1 YES :	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WNO	DUE TO (OR AS A contributing to death b	out not resulting i	26. POTMER:	LACE OF DEATN (Ch	PERFOI 1 YES : eck only one) 6 Other (Specify)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending	DUE TO (OR AS A contributing to death b	out not resulting i	26. P OTHER: 4 © Nursing Nor E OF 28c. IN. WRY	LACE OF DEATN (Chi	PERFOI 1 YES :	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending investigation	DUE TO (OR AS A contributing to death be contributing to death be contributing to death be contributing to death be contributed to death be contribute	out not resulting i	26. P OTUMER: 4 W Nursing Nor URY M 1	LACE OF DEATN (Chr. ne 5 Rasidence JURY AT 7RK? YES 2 NO	PERFOI 1 YES : sok only one) 6 Other (Specify) 28d. DESCRIBE HOW	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending	DUE TO (OR AS A contributing to death b HOSPITAL: 1 Inpetiant 2 ER/Outp	out not resulting i	26. P OTUMER: 4 W Nursing Nor URY M 1	LACE OF DEATN (Chr. ne 5 Rasidence JURY AT 7RK? YES 2 NO	PERFOI 1 YES : eck only one) 6 Other (Specify)	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A contributing to death b HOSPITAL: 1 Inpetient 2 ER/Outp (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	out not resulting i	26. P OTMER: 4 © Nursing Nor E OF 28c. IN. URY M 1 □	LACE OF DEATN (Channe 5 Rasidence JURY AT JURY AT YES 2 NO	PERFOI 1 YES : 9ck only one) 5 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WNO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A contributing to death b HOSPITAL: Inpetient 2 = ER/Outp 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	out not resulting i	26. P OTHER: 4 Winning Nor EOF 28c. IN URY W 1 □	LACE OF DEATN (Channe 5 Rasidence JURY AT JURY AT YES 2 NO	perFOI 1 YES : sok only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State 10 the cause(a) and ma	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in deeth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A contributing to death b HOSPITAL: Inpetient 2 = ER/Outp 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	out not resulting i	26. P OTHER: 4 Winning Nor EOF 28c. IN URY W 1 □	LACE OF DEATN (Chone 5 Rasidence JURY AT DRK? YES 2 NO	PERFOI 1 VES : 90k only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State) 10 the cause(a) and me time, data and place, a	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(a) and menner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WNO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A contributing to death b HOSPITAL: Inpetient 2 = ER/Outp 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	out not resulting i	26. P OTHER: 4 Winning Nor EOF 28c. IN URY W 1 □	LACE OF DEATN (Channe 5 Rasidence JURY AT JURY AT YES 2 NO	PERFOI 1 VES : 90k only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State) 10 the cause(a) and me time, data and place, a	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A contributing to death b HOSPITAL: 1 Inpetient 2 ER/Outp 26e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	out not resulting is consequence of the consequence	26. POTMER: 4 Mursing Nor E OF 28c. IN. WY M 1 Ury street, factory, officed at the time, det	LACE OF DEATN (Chone 5 Rasidence JURY AT DRK? YES 2 NO	PERFOI 1 VES : 90k only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State) 10 the cause(a) and me time, data and place, a	INJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(a) and menner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WICE	DUE TO (OR AS A contributing to death b HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	out not resulting is consequence of a co	26. Portion and at the time, det on, in my opinion,	LACE OF DEATN (Channe 5 Rasidence JURY AT J	PERFOI PERFOI TO YES: Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and metime, data and place, a	and Number of the dua to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(a) and menner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A contributing to death b HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	patient 3 DOA 28b. TIM INJ City) At home, farm, a priedge, death occurrent and/or investigation EATN (ITEM 27) (Type,	26. Portion and at the time, det on, in my opinion,	LACE OF DEATN (Channe 5 Rasidence JURY AT J	PERFOI PERFOI TO YES: Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and metime, data and place, a	and Number of the dua to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(a) and menner as stated.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam certificate be electricate by electricate by the attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygieine prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	ATE C	F DEATH	RE	G. NO.		
į	1. DECEDENT'S NAME (First, Middle, Last)				1	2. DATE OF DI			3. TIME OF DEATH
	Marjorie E	112al	eth	1	tall.	MONTH	DAY	90	8 ~"
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. Is	est hirthday) IF	UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BI	RTH		IPLACE (State or Foreign
	215 34 3213 1 I M 2 X 1			NTHS DAY		(Month, Day,	Year)	Count	
_	9e. FACILITY NAME (If not institution, give street and number)		91	CITY, TOW	N OR LOCATION OF DI			JNTY OF D	
DIRECTOR	Holy Cross Hospital			Silve	r Spring		Mo	ntgo	nery
E	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY
	Maryland Montgomer	cy	Sil	ver S	pring				YES 2 NO
¥	10e. STREET AND NUMBER	•			10f. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
FUNERAL	9013 Bradford Road							SA	
2	FOROTER	ENT EVER IN U.S. A			DECENDENT OF HISPAI specify Cuben, Mexico			14. RACI Blac	E — American Indien, k, White, etc.
ВУ		WAR OR DATES			ES 2 NO Specific				₩ White
	15. DECEDENT'S EDUCATION	18a. C	ECEDENT'S US	JAL OCCUP	ATION	16b. KIND	OF BUSINESS/IN	IDUSTRY	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or		Give kind of work fe. Do NOT use re	done during tired.)	most of working		111.000.000		
4	1/12 4 Years		Registe	red N	lurce		u 100u 100u		
8	17. FATHER'S NAME (First, Middle, Last)	`	WES TREE	red i	18, MOTHER'S NA	ME (First, Middle.	Meiden Surname)		
Ö	UNK				UNK		,		
BE	19e. INFORMANT'S NAME (Type/Print)	1	9b. MAILING AD	DRESS (Stre	et and Number or Rural	Route Number, Cit	ty or Town, Steta, 2	ip Code)	
임	David Hall		3120 Pa	taps	co Road F	inksbur	g, Md.	2104	8
	200. METHOD OF DISPOSITION	20b. PLAC	E OF DISPOSITI	ON (Name of	cemetery, crematory or		20c. LOCATION -	- City or To	own, State
	1 Buriel 2 Cremation 3 Removal from Stale 4 Donation 5 Other (Specify)	other i		tan (rematory		Alex	172	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7	TODOLI	22. NAM	AND ADDRESS OF FA	CILITY	TIES	· VC.	
	Sami L. H.	X		Hir	es/Rinald	i 11800	New Ha	mp.A	ve.S.S.Md.
	23. PART I. Enter the diseases, or complications a shock, or heart failure. List only one	hat caused tha cause on each lin	laath. Do not	anter tha	mode of dying, suc	ch as cardiac d	or respiratory s	rrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	TO (OR AS A CONS	HOUENCE OF):	lu	re_			·	Carp Carp
z	00	rece	six						nounce
일	Sequentially list conditions, if any, leading to immediate	TO OR AS A CONS	EQUENCE OF):		0				0
CA	CAUSE (Disease or Injury	weller	ron o	ne	Mood				grees
F	that initiated events resulting in death) LAST	TO (OR AS A CONS	EOUENCE OF):						0
CERTIFICATION	d								
	PART II. Other significant conditions contributing	11	resulting in t	ha undari	ying cause given in	Part i. 24a.	WAS AN AUTOPS'	241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL		nefus	win -	> U	on well	12 1E	FES 2 □ NO	ŀ	COMPLETION OF CAUSE OF DEATH?
ME	applested one	milia	• 1			_ 1			I FYES 2 - NO
	Possible Hera	toma							
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			21	PLACE OF DEATH (C)	teck only anel			
PHYSICIAN:	HOSMIAL.	2 - ER/Outpetient		THER:	Home 5 - Reeldence	6 Other (Spe	ictfy)		
Ě	(Mont)	OF INJURY I, Day, Year)	26b. TIME O	F 26c.	INJURY AT WORK?		E HOW INJURY O	CCURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	, soy, row,	1		YES 2 NO				`
	3 Suicide 260. PLAC	E OF INJURY — Al I ng, etc. (Specify)	home, farm, atre	et, factory,	office	28f. LOCATION City or You	(Street and Numb vn, State)	er or Rural	Route Number,
COMPLETED									
MP	29e. CERTIFIER (Check only one)								ANTER CONTROL DE DESERVE
8	2 MEDICAL EXAMINER: On the basic of	r examination end/o	r investigation, i	n my opinio	n, death occurse at the	time, date end (place, and due to	the ceuse(e) end manner ee stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NU	MBER	29d. D/	TE SIGNE	(Month, Day, Year)
0	30. NAME AND AGORESS OF PERSON WHO COMPLETED O	ALLES OF TEATH	1)	t-all	1002	112		711	140
					MA AND	2 011	1.0P C	0 2 41	20902
		BAR'S SIGNATURE	الما الما	5UN (FIA AVE	, 216	VEN 3	1) 110	S, MD
	mu 1 1 '00	aindres Ba	ndoll						



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TO THE FUNERAL DIRECTOR. After this certificate by the attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should limborgan. The burial transit permit is and Mental Hygiene prior to burial, cremation, or removal.

REGISTRAR		CE	RTIF	CATE	OF	DEAT	Н	RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Hattie	F			Har	ris			2. DATE OF D MONTH July	DAY	19	YEAR 90	3. TIME OF DEATH 5:30 AM
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. lesi	YRS.	IF UNDER 1	YEAR DAYS	IF UNDER :	24 HRS. MIN.	7. DATE OF BI (Morth, Day, NOV.	Year)	191	Country	PLACE (State or Foreign) laryland
9a. FACILITY NAME (If not institution, give str Greater Laurel			sp.	9Ь. СПҮ, 1		rLOCATIO	N OF DE			9c. COUN	TY OF DE	ATH
10e. STATE 10b. COUNTY Maryland Prin	ce Geor	ge	10c. CIT	y, town on Lau								10d. INSIDE CITY LIMITS? 1- YES 2 NO
8618 Locust						ZIP CODE				U.	.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 K		H	yes, spe	city Cuban		IIC ORIGIN? (Sp n, Puarto Rican, :		or No—		- American Indian, Whita, etc.
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 7 th		(Gi	ve kind of v Do NOT us	USUAL OCC work done du se retired.)	iring mos	N at of working	7	16b. KING		one	USTRY	
17. FATHER'S NAME (First, Middle, Last) George Clark								ME (First, Middle e Jefi				
190. INFORMANT'S NAME (Type/Print) Margaret C. Mit	chell (oute Number, Co. Bal				21217
20a. METHOD OF DISPOSITION Maurial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	1	Md No		Mem	ori	al l	Par			ure.		
21. SHINATURE OF FUNERAL SERVICE LICE	R. An	owd	lu	Sn	OWO	len l	Fun	eral H MD 208	Home 350	, P	.A.	
23. PART I. Effer the disease, or condition resulting in desth)	Myoca Myoca	caused the deseron each line. Indial William OR AS A CONSECTION	Dis	ease List		Caro	diad	e Arry	z+hm	ia		Approximate Interval Between Onset and Dea
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	meta	OR AS A CONSECUTA U	ie.	lire	al	to	Par	ale	m	rie L	tes	
resulting in death) LAST	Metas	tatic	Br	east	С	arc	inor	ma		1111		
PART II. Other significant conditions	contributing to	death but not r	esulting	in the und	leriying	cause g	ilven in		WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
					26. PL	ACE OF DI	EATH (Ch	eck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 \(\triangle \text{YES} \) 2 \(\triangle \text{NO} \)	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER 4 Nursi		e 8 □ Re	aldence	8 Other (Spi	ecity)			
EXAMINER?	HOSPITAL: 1 Inpetiant 2 2 28a. DATE OF (Month, De	NJURY	28b. TIM	4 - Nursi	ng Hom- 28c. INJ	URY AT		8 Other (Sp. 28d. DESCRIE		JURY OC	CURED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da	NJURY	28b. TIM	4 Nursi	ing Hom- 28c. INJI WO 1 Y	URY AT RK? /ES 2			N (Street a			loute Number,

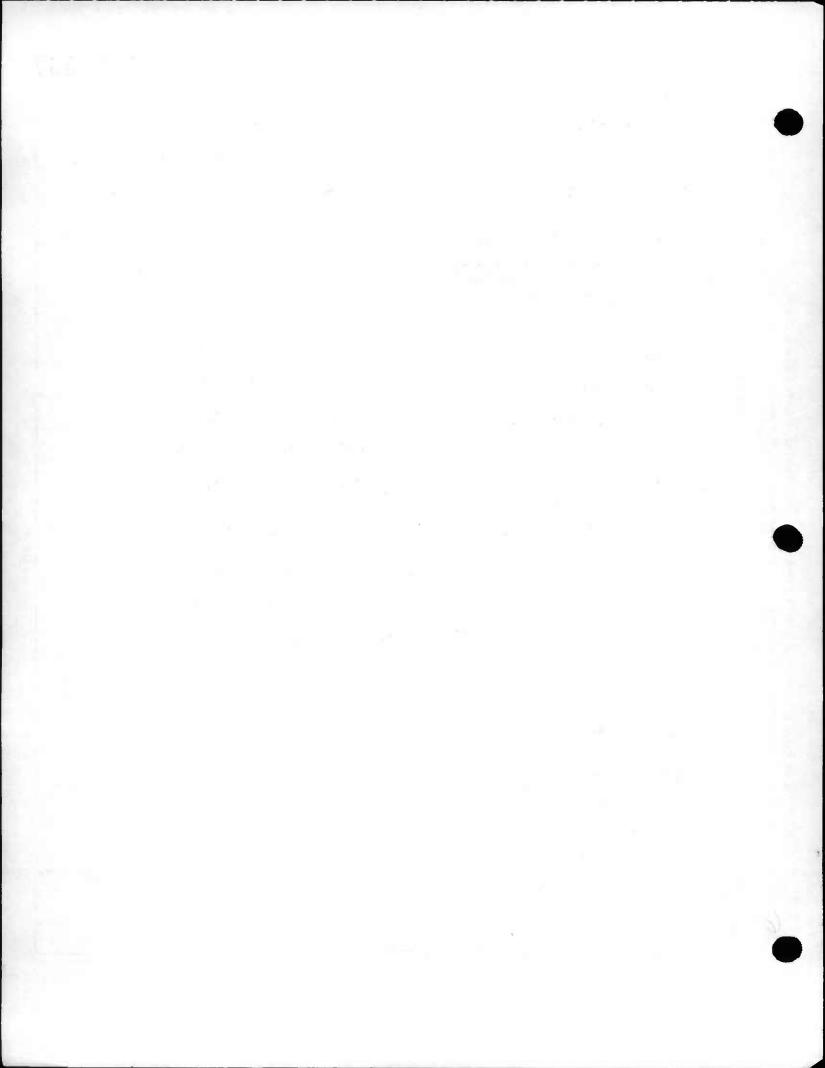
		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only o	one)				
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outpetiant :		THER: Nursing Home 8 Resident	e 8 🗆 Oth	ther (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF		28d. DE	DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stree	t, factory, offica		f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
29a. CERTIFIER	ICIAN: To the best of my knowledge, d	leath occurred a	t the time, data and place, and	tue to the ci	euse(a) and manner as state	d.			

D-01966

1d-20207

29d. DATE SIGNED (Morith, Day, Year)

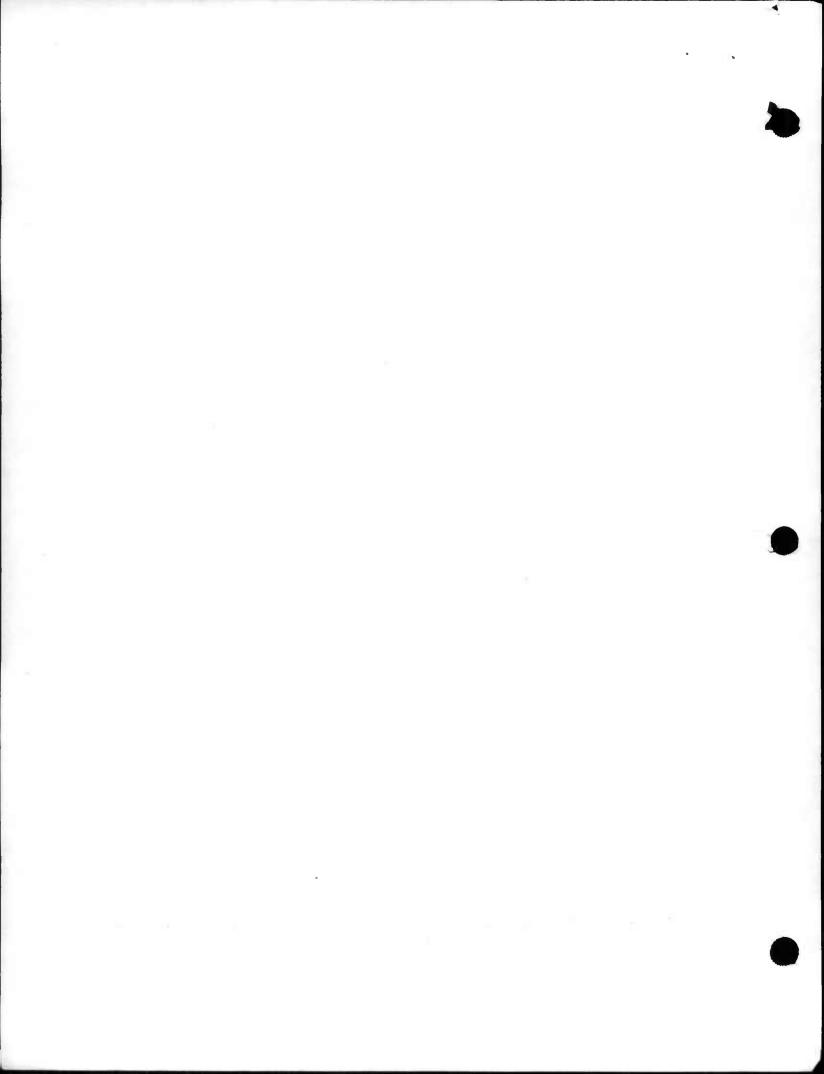
7-10-90



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within (2.77) and the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 79 hours after fleath with the State Dent. of Health and Mental Hydere prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

12

	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR CERTIF						TYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			<u> </u>					2. DATE OF	DEATH			TIME OF DEATH
	Control of the section of the sectio	HALL	,						MONTH 06	DA 3/		YEAR	12:15 A M
	JAN F 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF			6. BIRTHPLA	CE (State or Foreign
					MONTHS	-	HOURS	MIN.	(Month, Di	av. Year)	- 1	Country) AUSTRA	
	219-08-6256		58	3	at CITY	TOWN OF	LOCATIO	W OF DE		08/3,		TY OF DEATI	
m													
0	HOLY CROSS HO.	SPITAL			21	IVER	1	PRIN	6		MON	ut gom	ERY
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATIO	ON						I. INSIDE CITY
뜻	mD me	NESOMEN	7 1		KENSING TON					1			LIMITS?
	10e. STREET AND NUMBER	Journ	7		CZM	Hor.	ZIP CODE				10g. CITIZ	EN OF WHAT	COUNTRY?
FUNERAL	3101 JENNING				20	895			AU:	STRAL	[A		
N N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. 1	WAS DECE			IC ORIGIN? (S	Specify Yes	or No.	14. RACE —	American Indian,
	14 Never Married 2 Married	FORCES? 1	YES 2		1	f yes, spec	city Cuber	n, Maxican	, Puarto Rica	in, atc.)		Black, W	hita, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE Y	MR OR DATES		,	I YES :	2 (27 140	Specify:				Specify: WHITE	3
	15. DECEDENT'S EDUC	ATION	18a.	DECEDENT'S	USUAL OC	CCUPATION	N		16b. KI	ND OF BUS	INESS/IND	USTRY	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	b)	(Give kind of life. Do NOT u	work done o se retired.)	during most	t of workin	g					
김	11			LASSIF	IED				AUS'	TRALI	AN E	MBASSY	Z
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	ME (First, Midd	fle, Maiden	Surname)		
EC	FREDERICK HALL						AL	ICE	MU	RPHY			
00	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street an	d Number	or Rural R	loute Number,	City or Town	n, State, Zip	Code)	
2	DIANE M. HALL	(SIST	ER)	201 FF	RANKL	IN A	VENU	E SI	LVER	SPRIN	IG MAI	RYLANI	20901
	20s. METHOD OF DISPOSITION		20b. PL/	CE OF DISPO						_		City or Town,	
	1 Burial 2 Cremation 3 Remo	val from State	_ othe	ETROPO	LITA	N CR	EMAT	ORY		ALEX	ANDR	IA. VI	IRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGRE			22.	NAME AN	DADDRES	S OF FAC	CILITY				
	· PL. HA	a. las.							LINS				
	Velorit id	accord											1D. 20901
	23. PART L Enter the diseases, or c ahock, or heart failure. I				not anter	the mod	ia of dyl	ng, auch	n as cardia	c or reapi	retory arre	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Final												Onset and Daath
	disease or condition resulting in death)	CAR	DIOPU	LMON	ARY	4	RLE	72					- C VIPE
	disease or condition and an aconsequence of: Possible ARDIOPULMONARY ARKEST Possible ARDIOPULMONARY ARKEST Possible ARDIOPULMONARY ARKEST But ARDIOPULMONARY ARKEST 8 hours										.0 1		
Z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									& hous.			
CERTIFICATION	if any, leading to immediata cause. Entar UNDERLYING	Ac	OH AS A COP	PRIPH	CAAI	1//	Acres	00	1415	FF	FAL	d	cl
은	CAUSE (Diseasa or injury	OUE TO	OR AS A COM	ISEQUENCE C)F);	,	1300	LIIK	.,,,,	4177	-677	- 7	2 gara
Ē	that initiated events resulting in death) LAST	COR	NARY	AR	TER	4	DZS	EA!	SE -	TRIP	EVE	SSEL	Sugar
E													8
CAL	PART ii. Other significant condition	_		ot reaulting	in tha ur	ndarlying	cause (givan in	Part i. 24	la. WAS AN PERFOR			ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
	- HORTO ILIAC	DCCLU	SION						1	YES 2	□ NO		OMPLETION OF CAUSE OEATH?
MED	. HYPERTEN SLOT	V										11.7	YES 2 NO
	STATUS POS		DEN	CAR	DAG	De	FATI	н.	_				
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	eck only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatier	w 3 □ DOA	OTHEI		5 □ Ra	sidenca	8 🗆 Other (S	Specify)			
¥	27. MANNER OF DEATH	28a. DATE O		28b. Til	WE OF	28c. INJU	JRY AT		28d. DESCF		NJURY OCC	CURED	
	1 Netural 5 Pending	(Month, L	Day, Year)	l IN	JURY	1 Y] NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY — A	At home, farm,	atreet, fac	tory, office						or Rural Rout	te Number,
ED	4 Homicida determined	bullaing	, atc. (Specify)						City or	Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat o	f my knowledg	a death accur	and at the t	time data	and place	and due	to the course	/s) and ma	nner se stet	ad	
₩	(Check only one) 2 MEDICAL EXAMINE												nd menner as stated.
8		- Comment	4						11 - 1-1-1				
	29b. SIGNATURE AND TITLE OF CERTIFIER	_	1.0	Phen	Acca.			ENSE NUM					onth, Day, Year)
띪	mahrend Allanding Physica. 26060 > 6.30.90.												
O BE	/ mawning		IDE OF SEATT	UVERA CALL	- D-L								
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL											
	TARIQ MAHN	O COMPLETED CAL	.D. 1	1251 I		OOD	DR.	SILV	ER SP	RING	MD.	20901	
	TARIQ MAHN 31. DATE FILED (Month, Day, Year)	O COMPLETED CAL	.D. 1	1251 I		OOD	DR.	SILV	ER SP	RING	MD.	20901	
	TARIQ MAHN	O COMPLETED CAL		1251 I		OOD	DR.	SILV	ER SP	RING	MD.	20901	DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ı	42	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	the state of
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JUL 05 90

Flowers

11055

32 REGISTRAR'S SIGNATURE
Julia Davidson Randole

MD

1. DECEDENT'S NAME (First, Middle, Last)		EPARTMENT OF HEALTH AND RTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.						
JOHN 3	J. HOUSTON		2. DATE OF DEATH DAY JULY 4, 1990	ar 1157 A					
0111 -0 00	5. SEX 8. AGE (In yrs. lest bi	rthday) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3	BIRTHPLACE (State or Foreign Country) NEW YORK					
99. FACILITY NAME (If not institution, give stre 3330 N. LEISURE WOR RESIDENCE OF DECEDENT 109. STATE 109. COUNTY	RLD BLVD. #315	96. CITY, TOWN OR LOCATION OF E		TO MEN Y					
10e. STREET AND NUMBER 3330 North	Leuwe Wo	101. ZIP CODE 20906	NIC ORIGIN? (Specify Yea or No —	1 YES 2 NO N OF WHAT COUNTRY? A. I. RACE — American Indian,					
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 100	If yes, specify Cuben, Mexic 1 VES 2 NO Spec	can, Puerto Rican, atc.)	Black, White, etc. Specify:					
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) (Give Iffe. Do	DENT'S USUAL OCCUPATION kind of work done during most of working NOT use retired.) 'ING SUPERVISOR	166. KIND OF BUSINESS/INDUS						
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Meiden Surname)						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 PRINTING SUPERVISOR 17. FATHER'S NAME (First, Middle, Last) JOHN J. HOUSTON, SR. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zio Code)									
MARY C. HOUSTON		0 N. LEISURE WORLD		20900					
20. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov	20b. PLACE OF	DISPOSITION (Name of cometery, crematory or	20c. LOCATION — CIT	y or Town, State					
4 Donation 5 Other (Specify)	GATE U	F HEAVEN CEMETERY		RING, MARYLANI					
21. SIGNATURE OF FUNERAL SERVICE VICE	Beard		ACILITY LLINS FUNERAL HOI Y BLVD.,W. SIL.S						
23. PART i. Enter the diseases, or co shock, or heart failure. Li	emplications that caused the deati	h. Do not antar the mode of dying, su	ch as cardiac or respiratory arres	t, Approximate interval Between					
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Phenmon			Onset and Dea					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE	ia of the Pr	ostak Gla	nd.					
resulting in death) LAST									
	contributing to death but not res	ulting in the underlying cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PART II. Other algnificant conditions			_	1 YES A DO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inputant 2 ER/Outputlant 3	26. PLACE OF DEATH (CONTINUE OF		1 VES JO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatient 3	OTHER:		NITT					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY 2	DOA 4 Nursing Home 5 Residence 28b. TIME OF INJURY MORK? M 1 YES 2 NO	8 Other (Specify)	N/A					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY — At home building, stc. (Specify) IAN: To the best of my knowledge, death	DOA 4 Nursing Home 5 Residence 28b. TIME OF INJURY MORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU 28d. LOCATION (Street and Number or City or Town, State) 10 to the cause(e) and menner as stated	RED Rural Route Number,					

DHMH-18 Rev 1/89

BE COMPLETED

2

4 Homicide

188)
BALTIMORE, MARYLAND 21203-3146	N: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending physician.	ficate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Paure State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
ITAL RECORDS, P.O. BOX 13146,	N: The law requires that the death certificate be executed with	ficate has been signed by the attending physician and completely filled in by the 1 State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3								(9.0	2026	
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF I			YGIENE EG. NO.	•			
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE 4. SOCIAL SECURITY NUMBER	t. HENDER	Son	SR		2. DATE OF I	DEATH DAY	90	AR O	TIME OF DEATH 5:30 Am	
	213-44-2281	1 1 1 1 2 1 F 8 9	3 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	97	N	_{lary}	CE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give st Hartley Hall RESIDENCE OF DECEDENT	The state of the s	Inc.		oke Cit		9	WOLC			
DIRECTOR	10a. STATE 10b. COUNTY	cester		OCOMOK						d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 215 Walnut Street Promoke attain Alb 21851 U.S.A.										
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	NIC ORIGIN? (S nn, Puerto Ricer ly:			RACE — Black, W Specify:	American Indian, hita, atc.					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)										
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA						
) BE	Granville U. H. 19a. INFORMANT'S NAME (Type/Print)		9b. MAILING	ADDRESS (Street	M1.D	nie C			le)		
5	George H. Hende	rson, Jr. 2	214 C	edar S	treet,	Pocom	oke (City	Md.	. 21851	
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remains 5 Other (Specify)	Objection 5 Other (Specify) Salem Methodist Cemetery Pocomic									
	21. SIGNATURE OF FUNERAL SERVICE LIC	Melson		MELS	ON FUNE	RAL H	OME	2185]	L		
	23. PART I. Enter the disesses, or o shock, or heert fellure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. RES PIRAT OUE TO (OR AS A CONS	EOUENCE OF		7		or respirate	ory arrest,		Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events										
PHYSICIAN: MEDICAL CER	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PAGET 'S DISEASE ABDORGINAL PAIN - PASSIBLE OBSTRUCTION 246. WAS AN AUTOPSY PIANALABLE PRIOR COMPLETION OF CONFICTION									AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (C)	heck only one)					
IVS	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpatient 28a. DATE OF INJURY		4 Nursing Hor	ne 5 Realdence			18W 00015			
ВУ РН	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d. OESCRI					
0	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At I building, atc. (Specify)	home, farm, s	street, factory, offi	00	28f. LOCATIO City or To	N (Street and wn, State)	Number or R	turel Rout	a Number,	

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

029168

29d. DATE SIGNED (Month, Day, Year) 12/90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

305 10th Street, Pocomoke City, Md.21851 Allen, M. D.

2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

31. DATE FILEO (Month, Day, Ybar)

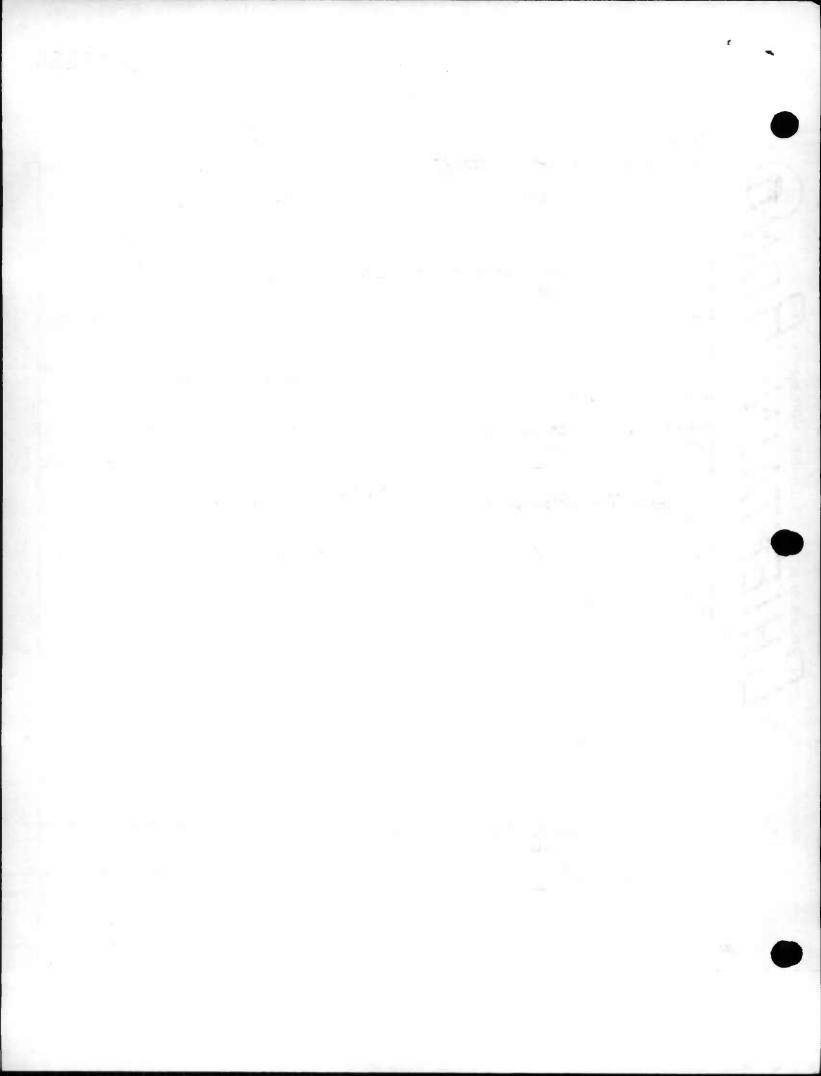
JUL 0 6 '90

8 Could not be determined

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.



/		l
BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permamoral. Ilcal examiner must be notified at once.	
	filled in on, or re	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
EFI	FIE SAI	RA HOLLOV	IAY						JUI		199		8:58 P M
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yr	s. lest birthday)	IF UNDER		IF UNDER		7. DATE OF B (Month, Day	HRTH V March		8. BIRTI Count	HPLACE (State or Foreign
231-42-861:	3	1 🗆 M 2 🔀 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	JAN 2		925		IRGINIA
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	TOWN	OR LOCATIO	ON OF DE				NTY OF C	
NATIONAL RESIDENCE OF DEC	NAVAL	MEDICAL	CENTE	R		В	ETHES	SDA				MON'	TGOMERY
10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
DELAWARE	I	DOVER			DEL	AWA	RE						1 YES 2 NO
10e. STREET AND NUMBER						10	f. ZIP CODI	E			10g. CIT	ZEN OF	WHAT COUNTRY?
1226 HARF	RISON I							1990			-	ITE	D STATES
11. MARITAL STATUS 1 Naver Married 2	Married	12. WAS DECEDENT FORCES?	T EVER IN U.S	S. ARMED					NIC ORIGIN? (Si		or No—	14. RAC Blac	E — American Indian, ck, White, atc.
3 Widowed 4 Divo		IF YES, GIVE	WAR OR DATES	3	1	YES	2 □ XNO	Specify	y:			Spec	BLACK
15. DEC	EDENT'S EDU	CATION completed)	16	e. DECEDENT'S	Work done	CUPATION TO	ON nat of workin	207	16b. KIN	D OF BUS	INESS/INC	DUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5 +) iffe. Do NOT use retired.)												
6				FAC	TORY	WOR	KER						
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)												
	ON CHAI	NDLER					<u></u>	VI	OLA SHI	EPHE	SID .		
19a. INFORMANT'S NAME (12-								Route Number, C		, State, Zip	Code)	
EDWARD HOLLO									DOVER		199		
1 Burial 2 Crematic	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State 20c. L												
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	11		22.	NAME A	ND ADDRE	SS OF FA	CILITY	- 1		Λ	1
Bens	Bennieh Smith P. U. Bry 928 Hurlock mf.												
23. PART I. Enter the diseasee, or complications that ceused the death. Do not enter the mode of dying, such se cerdiac or respiratory errest, ehock, or heart fellure. List only one cause on each line.													
enock, or n		List Dnly Dne Ca	ise on each	line.									Interval Between Onset end Deeth
diseese or condition_	→	. (WARTA	N CANC	ER								
resulting in deeth)		v		NSEQUENCE (
		b.											
Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CO	NSEQUENCE C	OF):								
CAUSE (Disease or Inju		C											
that initiated events resulting in death) LAS		DUE TO	(OR AS A CO	NSEQUENCE (OF):								
leading in death, cac		d											-
PART II. Other significa	ant condition	s contributing to	deeth but	not resulting	In the un	deriyin	ng ceuse	given in	Part I. 24	. WAS AN		24	b. WERE AUTOPSY FINDINGS
									1.7	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									''	J 169 2	MINO		DF DEATH?
									— I				I TES 2 INO
25. WAS CASE REFERRED T	O MEDICAL					28. P	LACE OF D	DEATH (C)	neck only one)				
EXAMINER?		HOSPITAL:	EB/Outpetle	2 DO4	OTHER	R:				- 44.4			
27. MANNER OF DEATH		28a. DATE O		28b. Til			JURY AT	saldanca	8 Other (Sp		NJURY OC	CURED	
	Pending	(Month,	Day, Year)		JURY	W	ORK? YES 2	NO					
2 Accident 3 Suicide	Investigation	28a. PLACE	OF INJURY -	At home, ferm,	atreet, fact				281. LOCATIO	N (Street a	and Numbe	or Rural	Route Number,
4 Homicide	Could not ba determined		, etc. (Specify)						City or To	own, State)			
29e. CERTIFIER (Check only	TIFYINO PHYS	ICIAN: To the beat of	f my knowledg	ge, death occur	red at the t	ime, dat	e and place	, and due	to the cause(s) and mar	ner sa ata	nted.	
one)	ICAL EXAMINE	ER: On the basis of	xamination er	nd/or investigat	lon, in my o	pinion,	death occu	red at the	time, data and	place, an	d due to t	ha cause	(a) and manner as stated.
29b. SIGNATURE AND TUIL	29b. SIGNA UNITARI LE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year)												
M 7/11/10													
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	ISE OF DEATH	(ITEM 27) (Typ	e, Print)	1	NATIC	NAT.	NAVAL	MEDI	CAT.	CENT	/ / /
RICHARD L									MD 20				
31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNATU	Dank 00									

DHMH-16 Rev 1/89

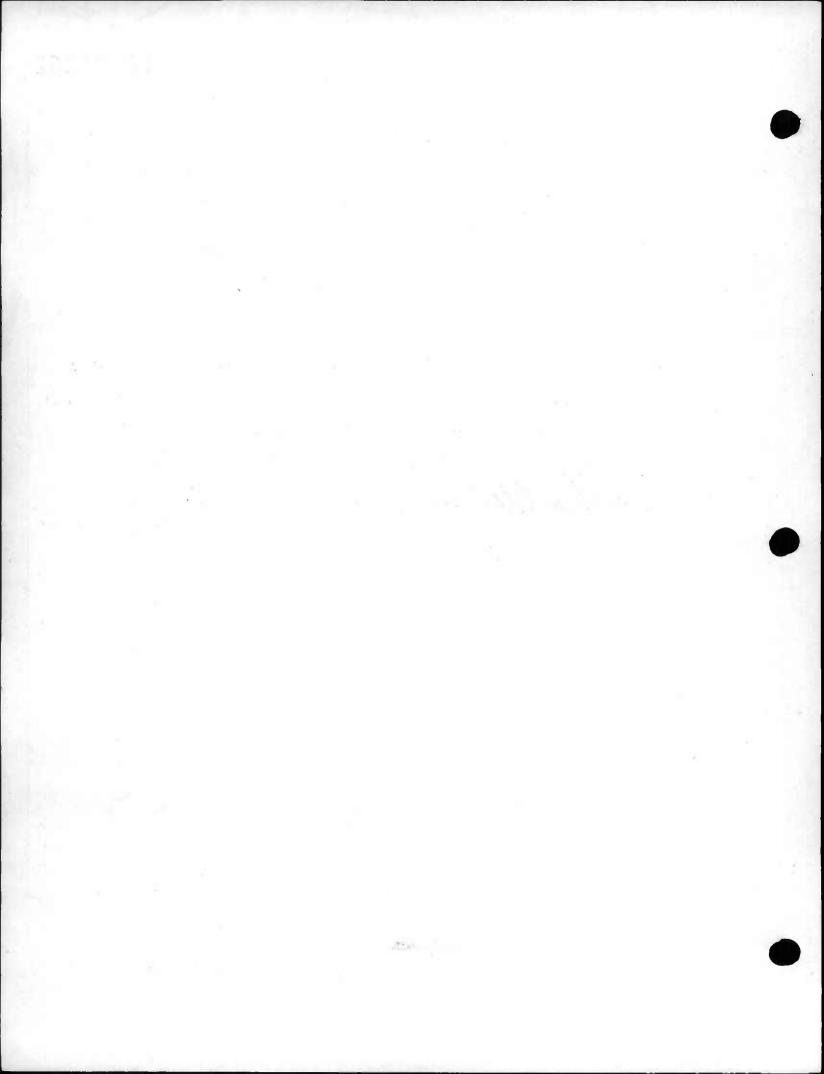
William Robins, M.D.,

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DIVISION OF VITAL RECORDS, P.O. BOA 13148,	HYS	his	ALL WITH	Per
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	A	RAI	12	1
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noun	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r	IMPORTANT: If Item 28 is marked or item 23 shows any injury, or other traumatic event, the me-
	出	IE F	N De	THE
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	H	F	ă	-

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPAI CERTIF			HEALTH AND	MENTA	L HYGIEN	_	,0 20202		
	1. DECEDENT'S NAME (First, Middle, Lest) CATHERINE	Ε.	IRELAN	ID			2. DATI MON	E OF DEATH		3. TIME OF DEATH 4:20 A M		
	4. SOCIAL SECURITY NUMBER 218-20-7307	8. SEX 1 M 2XXF	6. AGE (In yrs. lest birthday) 7 2 YRS.		DAYS	HOURS MIN	(Mon	of BIRTN th, Day, Year) 20-191		BIRTHPLACE (State or Foreign Country) IARYLAND		
	9a. FACILITY NAME (If not institution, give	street and number)		100		OR LOCATION OF	DEATH	20 171	9c. COUNT	Y OF DEATH		
TOH	Salisbury Nursing	Home		Sal:	isbu	ry, Mar	yland		Wicom	ico		
DIRECTOR	10a. STATE 10b. COUNT	VICOMICO	10c. CI		Y, TOWN OR LOCATION SALISBURY 10d. II							
FUNERAL	RT 3, BOX 28, ME	CRRITT MI	LL ROAD	10f. ZIP CODE 10g. CITIZEN OF WHAT COU						N OF WHAT COUNTRY? USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARMED YES 2 NO WAR OR GATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE -					t. RACE — American Indian, Black, White, atc.			
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18s. DECEDENT'S USUAL OCCUPATION (Give find of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY											
COMPL	10 YEARS NO LABORATORY TECHNICIAN DEPARTMENT OF AGRICULTURE 10. MOTHER'S NAME (First, Middle, Melden Surname)											
BE C	DENNIS 19e. INFORMANT'S NAME (Type/Print)			CARRI	E	MAE		BEDFORD				
2	WILLIAM T. IRELAND, SR-HUSBAND RT 3, BOX 28, SALISBURY, MD 21801											
100	20g, METNOD OF DISPOSITION 6/28/90 1 (X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometory, cremetory or SPRINGHILL MEMORY GARDENS 20c. LOCATION — City or Town, State HEBRON, MD											
CAGINITICAL	21. SIGNATURE OF FUNERAL SERVICE	CEMBER CON A TO	loure	22 H	NAME A	ND ACCRESS OF WAY FUN	FACILITY ERAL	HOME,	PA	MD 21801		
our de la company	23. PART I. Enter the diseases, or complications that caused the death. D not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Cartle, Due to (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING											
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST d.											
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
		T										
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHE	iR:	LACE OF DEATH						
Y PHYSICIAN:	27. MANNER OF DEATH 1 P Natural 5 Pending	28a. DATE Of (Month, I	F INJURY 28b. TI		4 Nursing Home 8 Residence 8 0 0 ME OF 28c. INJURY AT 28d.				☐ Other (Specify) 26d. DE\$CRIBE NOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE	OF INJURY — At home, farm, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	CONDON ONLY		f my knowledge, death occur							l. cause(s) and manner as stated.		
O BE C	296. SIGNATURE AND THE OF CERTIFI	All	4			29c. LICENSE D2934			29d. DATE !	SIGNED (Month, Day, Year)		

1104 Healthway Drive, Salisbury, Md.

21801



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFICATE	OF DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Leet)	1. DES	Hield		2. DATE OF DEATH MONTH	9 90°	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 2/9-14-44-46-46	5. SEX 6. AGE (In y)	rs. leal birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)				
OR	90. FACILITY NAME (If not institution, give st A+ Hems	MARARIA	9b. CITY	ALC IZIA.	ARINGS	9c. COUNTY OF	o mico				
DIRECTOR	10a. STATE 10b. COUNTY	Lomico	MAR A	R LOCATION	city n	id.	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	TOT. ETREET AND NUMBER	2 MAK	IZLA	101. ZIP CODE/ 2183	7	10g. CITIZEN OF	WHAT COUNTRY?				
B	11. MARITAL STATUS 1 News-Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 100	WAS DECENDENT OF HISPAI If yes, specify Cuban Mexica 1 YES 2 10 Specif	n, Puarto Rican, etc.)	Ble	CE - American Indian, ack, Whita, atc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0 12)	CATION 16 completed) College (1-4 or 5 +)	Ge. DECEDENT'S USUAL O (Give kied of work done NOT use retired.)	during most of working	16b. KIND OF BU	SINESS/INDUSTRY	<i>(</i> /				
BE CON	17. FATHER'S NAME (First, Middle, Vast)	PASHIRLAS		Y	AME (First, Middle, Majder	Surrame)	inlds				
2	190, INFORMAN'S NAME (Type/Print)	SELSON .	19h MAILING ADDRES	S (Street and Number or Rural 782.	ALUBLA	vn, sine, zip copie) Male	21837				
	20a. METHOD OF DISPOSITION 1 Surial 2 Gremation 3 Ram 4 Donation 5 Other (Specify)	oval from state	LACE OF DISPOSITION (NI	eme of cemetery, cremetory or MEM & C.	20c. L	SOULY	Me E				
/	21. SIGNATURE OF PANERAL SERVICE LIC	A- A-	£ 22.	SHOODILES OF FA	Mde Mde	1577	71				
	23. PART I. Enter the diseases, prospective abock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one ceuse on eech			Ch ea cerdiec Dr ree	offetory answer,	Approximate interval Between Onset and Daath				
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease pr injury that initiated events reaulting in death) LAST	CAUSE (Disease or injury Due to (OR AS A CONSEQUENCE OF):									
DICAL	PART II. Other algnificant condition	ns contributing to death but	not resulting in the u	nderiying cause given ir		RMED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: ME					-		1 TES 2 NO				
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?										
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpati		rsing Home 5 - Residence							
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, fac	ctory, office	28f. LOCATION (Stree City or Town, State		al Route Number,				
COMPLETED	cool only	SICIAN: To the best of my knowled ER: On the basis of axamination a					e(a) and menner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIE	H 400		29c. LICENSE NU	1674	29d. DATE SIGN	IED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON W	HO CONFLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)	wer so	F., Ja	Civbi	200				
3	31 Date FILED (Month, Day, Mark 90	32. REGISTRAR'S SIGNAT	URE								

19304 19

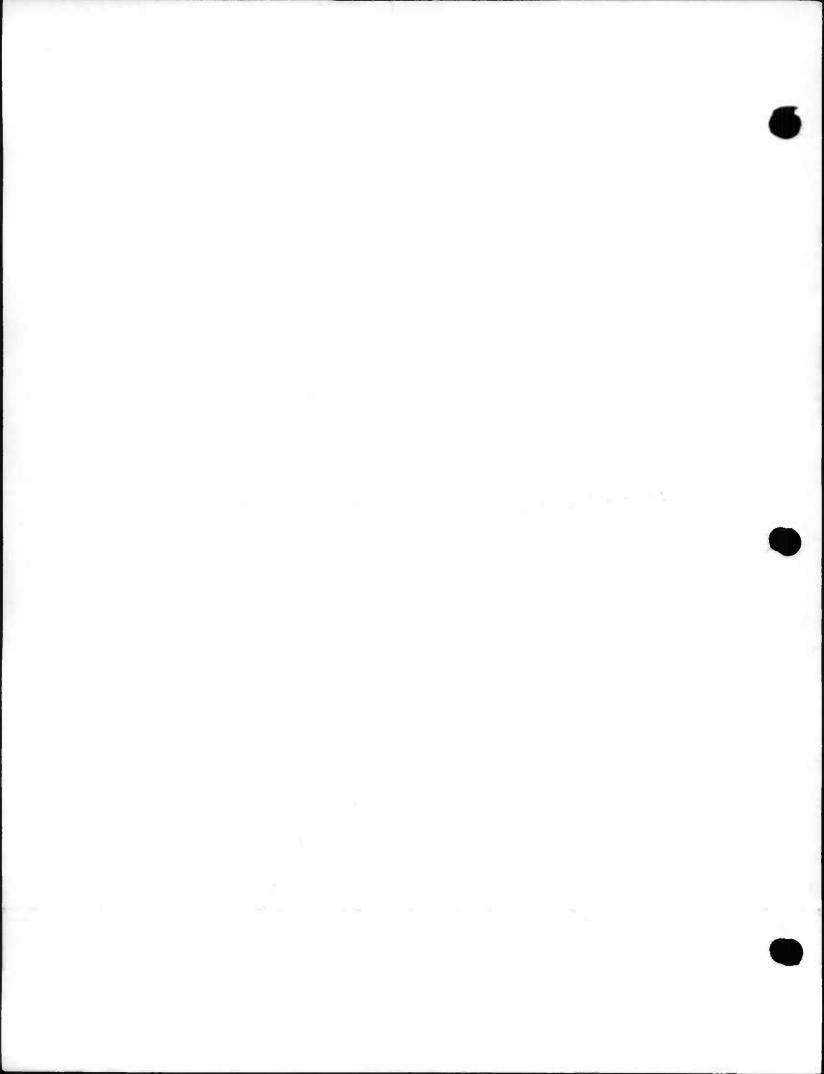
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signibe filed within 72 hours after death with the State Dept. of Heal IMPORTANT: If Item 28 Is marked, or Item 23 shows: DIVISION OF VITAL RE

1		
	Pages	
BALTIMORE, MARYLAND 21203-3146	quires that the death certificate be executed within 25 Curs after death. Page 6 may be retained by the hospital or attending physician. signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages Health and Mental Hygiene prior to burial, cremation, or removal.	our any latery or other frauntic event the medical examiner must be notified at once
ECORDS, P.O. BOX 13146,	cuted withing complete	the avent
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B	tificate g physi iene pr	ther t
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ORC	s that med by alth an	Vac 5
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E		
ķ	1. DECEDENT'S NAME (First, Middle, Last)	Jans				2. DATE OF DEATH DA	4 90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	RTHPLACE (State or Foreign	
	331-28-6129		B1 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 21, 1	Co	untry) Latvia	
	9a. FACILITY NAME (If not institution, give st		2.1	9b, CITY, TOWN C	R LOCATION OF DE		9c. COUNTY O		
FUNERAL DIRECTOR	Suburban Hospita			Bethe			Mon	tgomery	
EC	10a. STATE 10b. COUNTY	,	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY	
8	Maryland Mont	gomery	В	ethesda				1 YES 2 NO	
4	10e. STREET AND NUMBER	-		101	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?	
ER	4949 Battery La	ne. #310			20814		United	d States	
5	11. MARITAL STATUS	N U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indian, liack, White, atc.		
	1 Never Married 2 Married	2 XNO ATES		2 X NO Specifi	n, Puerto Rican, etc.) y:		pacify:		
ВУ	3 🔀 Widowed 4 🗌 Divorced	_						White	
		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL C (Give kind of work done					SINESS/INDUSTR	٧	
<u>=</u>	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)					
MP	12	2	Sales	person		Depar	tment S	Store	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NA	ME (First, Middle, Malden	Surname)		
BE (Julius Nebel				Julie	not	availal	ole	
TO E	19a. INFORMANT'S NAME (Type/Print)	AODRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)			
F	Ina Zimmerman	ane, Bet	hesda, Mar	yland	20814				
	20s. METHOD OF DISPOSITION 1 Buriel 2 (A Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Montgomery Crematorium, Inc. 20c. LOCATION — City or Town, State Montgomery Crematorium, Inc.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00381 Barbara Jomemullan davience 22. NAME AND ADDRESS OF FACILITY ROBert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsir Avenue, Bethesda, Maryland 20814-3501								
	Barbara Jome	/)		Rober Bethe	t A. Pum sda-Chev e. Bethe	nphrey Fune yy Chase, I esda. Marvl	ral Hor nc. 75	me/ 557 Wisconsin 0814-3501	
SATION	ehock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if eny, leading to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, 24s. WAS AN AUTOPSY FINDINGS								
MEDICAL	aute R		ilune.			PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
				- 20		_		1 YES 2 NO	
ÿ		vascular	رمد	حنطعه					
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF OEATH (C	heck only one)			
YSI	1 YES 2 NO	1 💢 Inpatient 2 🗆 ER/Out	patient 3 DOA	4 - Nursing Hon		6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	TURY WO	JURY AT DRK?	28d, DESCRIBE HOW	NJURY OCCURE	D	
BY	Natural 5 Pending Accident Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 8 Could not be datarmined	28s. PLACE OF INJUR' building, atc. (Spe	Y — At home, farm, and solfy)	street, factory, offic	a	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	CONSCR DINY	ICIAN: To the best of my know						use(a) and menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	29b. SIGNATURE AND TITLE OF CERTIFIES					29d. OATE SIG	NEO (Month, Day, Year)	
5	30. NAME ANO ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF O	EATH (ITEM 27) (Type	, Print)	Des			- , ,	
	Dohut	Jauber	_ S		W 15 C	MISIN	Aug	By was	
	31. DATE FILED (Month, Day, Year)	Julia Davi	NATURE CANAL	00					





TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR				CERTIF	ICATE	OF DEATH		REG. NO.			
1. DECEOENT'S NAME (First,	DECEOENT'S NAME (First, Middle, Last) 2. Date OF DEATN MONTH DAY YEAR 3. To									3. TIME OF OEATN	
Bro	xddus		V.	J	ones		MON-7-	7-10-90 DAY			8:20AM
4. SOCIAL SECURITY NUMB	ER	5. SEX		rs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HR	7. OAT	E OF BIRTN nth, Day, Year)		8. BIRTN	PLACE (State or Foreign
221-01-13	19-A	1 [X M 2] F	110000000000000000000000000000000000000	84 YRS.	MONTHS E	AYS HOURS MIN	(Moi	-4-1906	.	Countr	(y)
				0-7	DE OUTY TO			-4-1900			aware
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN										EAIN	
Dorchester General Hospital Cambridge Dorchester County											
10a. STATE		NT									
	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT LIMITS?										LIMITS?
De. Sussex Milford 1X YES 2 NO											
104. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
7 Delaware Ave. 19963 U.S.A.											
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — American Indian,											
1 Never Merried 2 🔼		IF YES, GIVE Y				es, specify Cuban, Me: VES 2 X NO Sp		o Rican, etc.)		Speci	
3 Widowed 4 Dtvo	reed					2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					White
	EOENT'S EOU		16	a. DECEOENT'S	USUAL OCC	UPATION	10	66. KINO OF BUS	SINESS/INO	USTRY	
Elementary/Secondery (0	y highest grade	College (1-4 or 5	5	(Give kind of life. Do NOT u	work done dur se retired.)	ing most of working					
E-one-near proceedings (4 yrs.	"	Engir	per			Metal E	311111	inas	1
17. FATHER'S NAME (First, M	Iddle, Last)	- /	_			18 MOTHER O	_	, Middle, Maiden		90	
	Jones					Delta		Ward	Jurnaline)		
				T							
190, INFORMANT'S NAME (1						Street and Number or Ru				Code)	
Margaret A	nn Jor	nes		7 D∈	Tawar	e Ave. Mi	rrord	, De. 1	19963		
20a. METHOO OF DISPOSIT	ION	auni fana Stata	20b. P	LACE OF DISPO	SITION (Name	of cemetery, crematory	or	20c. LO	CATION -	City or To	own, State
4 Donation 5 Other		Oval Hont State	Ca	pital (cremat	ory Servi	ce	Doz	ver,	De.	
21. SIGNATURE OF PUNERA	SERVICE LIC	CENSEE			22. NA	ME ANO AOORESS OF	FACILITY		40E D		1
	17	12									nie Hwy.
700	(1.	dans	·-	-5-	Ba	rranco Fu	neral	Home S	Sever	na P	Park MD2114
23. PART i Enter tha d					not entar th	na moda of dying, a	uch as ca	rdiac or resp	iratory arr	est,	Approximate
IMMEDIATE CAUSE (Fig		List only one ca	use on aac	n line.							Intarval Between
disease or condition	101	Drowni	na								į
reaulting in death)		a		ONSEGUENCE O	iFi.						-
		332 13	(011 710 71 0		. ,.						j
Sequentially list condit	lons,	b	/OB 46 4 C	ONSEGUENCE C	MEN.						
if eny, laeding to imme cause. Enter UNDERLY		502 10	(011 22 2 0	DINGE GODINGE (r- j.						i
CAUSE (Disease or inju		C			_						
that initiated events resulting in death) LAS	-	DUE TO	(OR AS A C	ONSEGUENCE C	OF):						i
resulting in death) LAS		d									
PART II. Other significa	ent condition	as contributing to	dooth but	not regulting	In the und	rdulas seuse alues	in Dart i	24a, WAS AN	LAUTOBEV	241	b. WERE AUTOPSY FINDING:
PART II. Other significa	THE CONTRIBUTION	is continuating to	Gaatii Dut	not resulting	in the unde	erlying cause given	in Part I.	PERFOR		240	AVAILABLE PRIOR TO
								XX YES 2	NO		COMPLETION OF CAUSE OF CEATH?
										>	YES 2 NO
								1			
25. WAS CASE REFERRED T	O MEOICAL					28. PLACE OF OEATH	(Check only	one)			
EXAMINER? 1 □XIS 2 □ NO		HOSPITAL:	TATE (Curtons)	ent 3 🗆 nos	OTHER:	g Nome 5 🗆 Reelder		har (Pas-H-)			
27. MANNER OF GEATH		28a. DATE O		28b. Til		sc. INJURY AT	_	ner (Specify) ESCRIBE HOW I	INJURY OC	CURFO	
	Pending	(Month, I	Day, Year)	16	JURY M	WORK?					
	Investigation	Uknov				1 YES XXX		bject (
	Could not be	28e. PLACE building	of thjury —	At home, farm,	street, factor	y, office		OCATION (Street ity or Town, State)		or Rural	Route Number,
4 Nomicide	determined				Wate	r		mbridge		ht F	Basin,
29a. CERTIFIER	TIFYING PNYS	ICIAN: To the best of	my knowled	ge, death occur	red at the tim	e, date and place, and	-		The second second		ter Co.,MD
											(e) end menner ee stated.
11-				vi mreaugat	on, an my opi			enu piece, el			
SHE STONATONE WHO TITLE	OF CERTIFIE	R				29c. LICENSE			29d. DAT		D (Month, Day, Year)
X)~~	_				l oc	IAIL?			/ - T]	L - 90
30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAL	SE OF OEAT	N (ITEM 27) (Typ					100		
	an,MD					enn Stree	t,Bal	timore	,MD 2	1201	L
31. OATE FILEO (Month, Day,	Year)	32. REGISTR	AR'S SIGNAT	URE							
1111	1 9 1	agh Sulia	Davido	n-Adrida	ماكا						
JU1	LAF	JUN A		-							

and the same of the same

DALLIMORE, MARTLAND ZIZUS-3140	nours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transmin, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transpected within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.										
- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF OEATN MONTH DAY YEAR										
	NEVIN CLEN JONES 7 10 AGO BROOM										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 196-18-6908 5. SEX 196-18-6908 5. SEX 196-18-6908 6. AGE (In yrs. lest birthday) 197-197-197-197-197-197-197-197-197-197-										
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
OR	1714 STRAND AVE WESTMINSTER CARROLL.										
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
	MD Carroll Westminster 1 □ ves 2 🗓 No										
IÀL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?										
FUNERAL	1714 Strand Avenue 21157 U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Veg or No. 14. RACE - American Indian.										
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If Yes, apecify Cuben, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, apecify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, apecify Cuben, Mexican, Puerto Rican, etc.) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, apecify Cuben, Mexican, Puerto Rican, etc.) 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, apecify Cuben, Mexican, Puerto Rican, etc.)										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give in the primal proof of work done during most of working (Give in the primal proof of working) 16b. KIND OF BUSINESS/INDUSTRY (Church World										
<u>=</u>	Elementary/Secondary (0-12) College (1-4 or 5+)										
OMF	farmer & fork lift driver 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)										
BE C	Smeach Jones Gertrude Wentz										
10 B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Julie A. Hughes 4500 Babylon Rd., Taneytown, MD 21787										
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of semetery, cremetory or other place) Maryland Board of Anatomy Baltimore. MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Robert K. Pritts. Sr. Pritts Funeral Home & Chapel 412 Washington Rd. Westminster MD										
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximata interval Between Onset and Death Due to (on As A consequence of): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
CAL	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
MED!	1 YES 2 NO										
PHYSICIAN:	26. WAS CASE TEFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)										
rsic	EXAMMÉR? 1 OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)										
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 28c. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED										
	2 Accident Investigation 3 Suicide S Could not be determined See PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)										
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated.										
TO BE C	290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Digy, Year) 7 10/45										
	DANIEL I WELCIVER WE STATINISTED MADRIANS										
	31. DATE FILED (Month, Day, Year) 32. REGISTRARY SIGNATURE Handelle July 1 2 '90 32. REGISTRARY SIGNATURE Handelle July 1 2 '90										

All the comments of the commen - Albert - And Charles and Anna Carlo

2, 3 should

TO BE COMPLETED BY FUNERAL DIRECT	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
control of the contro	10 THE HOSTINE OF LINE OF THE STATE OF THE S

												9	0 2026	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C				EALTH A DEATH			GIENE 3. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)			1					2. DATE OF DEA	DAY		YEAR	3. TIME OF DEATH	
	Edwin Morton K							July 6	, 19	90				
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	ast birthday)	MONTHS DAVE MOURE MIN			7. DATE OF BIRT (Month, Day, Y	(bar)		8. BIRTH Country	PLACE (State or Foreign		
	212-07-5923	1 📈 M 2 🗌 F	73	73 YRS. DON'TS DAYS HOURS					Nov. 18,	1916	5	Mar	yland	
	9e. FACILITY NAME (If not institution, give str		9b. CITY	*		CATION OF DEATH 9c. COUNTY OF DEATH								
8	Washington Count	tal			Hag	gersto	own		Washington			gton		
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			100 CIT	Y. TOWN	OBLOCAT	ION						102 MOIDE OITY	
DIRECTOR		hington										10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
2	Maryland Was	SITTING COLL			Hage	_	ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL		0.				-					The second second			
밀	1847 W. Washingto				_		21740					USA		
윤	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDED FORCES?	NT EVER IN U.S. A 1 Typy YES 2 T WAT OR DATES	NO					IC ORIGIN? (Spec n, Puerto Rican, e		r No—	14. RACE Black	— American Indian, , White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE	WATFOR DATES WW 2			1 TYES	2 KNO	Specify	*			Specif	^γ white	
	15. DECEDENT'S EDUC			DECEDENT'S	I INSUIAL O	CCUPATIO	IN .		16b. KIND	OF RUSH	JESS/INI	DUSTRY		
COMPLETED	(Specify only highest grade of	completed)		(Give kind of ite. Do NOT u	work done	during mos			IOD. KIND	or bosii	4L33/1140	JOSINI		
ا ج	Elementary/Secondary (0-12) 12 Vears	College (1-4 or 5		soldi	er				U. S	S. A	rmv			
\$	17. FATHER'S NAME (First, Middle, Last)			30101	CL		10 MOTHE	D'S NAI	WE (First, Middle, I					
	Edwin Morton Kl	litch S	70						Llen Bac		я гиштист,			
BE	19a, INFORMANT'S NAME (Type/Print)	LICCII, O		105 MAII IN	2 ADDRES	e /Ctreat a			Route Number, City		Ctoto 76	T- 0-41		
임	Frances L. Klitch	1	l'				ingtor						Maryland	
	20a, METHOD OF DISPOSITION	L	20b Pt AC				netery, cremet					City or To		
	1 N Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State	other.	plece)	oran N	10mor	ial P	ark					Maryland	
	4 Denetion 5 Other (Specify)	ENGEE 1	4 0	iai Le										
	W	Deres	ink				d N.					-	mac Street	
	Xun 1.	www	un		F	uner	al Ho	me	100	Hage	erst	own,	Maryland	
	23. PART I. Entar the diseases, or c	omplications th	at caused the	death. Do	not ente	r the mo	de of dying	g, suci	h es cardiac or	respira	itory ar	reat,	Approximate interval Between	
	shock, or heert failure. List only one cause on each line.									Onset and Death				
	disease or condition ANFINCAK (INN A DE / UND													
	e. DUE TO (OR AS A CONSEQUENCE OF):													
z														
CERTIFICATION	Sequantially list conditions, if any, laading to immediate	DUE TO	OR AS A CONS	SEQUENCE C	OF):									
<u>8</u>	cause, Entar UNDERLYING CAUSE (Disease or injury	L	_											
<u> </u>	that initieted events resulting in death) LAST	DUE TO	OR AS A CONS	SEQUENCE C	OF):									
H	resulting in dealth) Exst	i												
	PART II. Other significant conditions	n contributing to	o death but not	t resulting	in the u	nderlying	cause giv	ren in	Part I. 24a. V	MAS AN A	UTOPSY	24b	. WERE AUTOPSY FINOINGS	
5	CELEBRAL	PART II. Other significant conditions contributing to death but not resulting								PERFORM	/		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Leice					-			_ '	YES 2	PINO		OF DEATH?	
Σ									-				1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL					00 01	105.05.05.	T11 001						
ᅙ	EXAMINER?		OTHE		ACE OF OEA	ATH (Chi	eck only one)							
PHYSICIAN: MEDICAL	1 YES 2 NO	☐ ER/Outpatient					dence	8 Other (Spec	·-					
ᇤ	27. MANNER OF DEATH 1 Natural 5 Pending	F INJURY Day, Year)	28b. TH	JURY		RK?		28d. DESCRIBE	HOW IN	JUNY OC	CURED			
B	2 Accident Investigation					YES 2	NO			444 202				
	3 Suicide 6 Could not be 4 Homicide datermined		OF INJURY — At J, etc. (Specify)	nome, farm,	street, fac	ctory, offic	•		28t. LOCATION City or Town		d Numbe	r or Rumi F	Houte Number,	
ET												-		
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best o	of my knowledge,	death occur	red at the	time, date	and place, a	ind due	to the cause(e) a	nd mann	er as sta	rted.		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of	examination and/	or investigati	ion, in my	opinion, d	leath occured	f at the	time, date and pi	lece, and	due to t	he cause(e	e) and manner se stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER		1. 1 .				29c. LICEN	SE NUM	ABER		29d. DAT	TE SIGNEO	(Month, Day, Year)	
00		1.0 4	10) 1	10						- 1		-	7/7/~	

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
703 DAK KI) LI ALL, HAG ERSTA

21740

LAND

FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

urs after death. Page 6 may be retained by the houpital or attending physician.

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

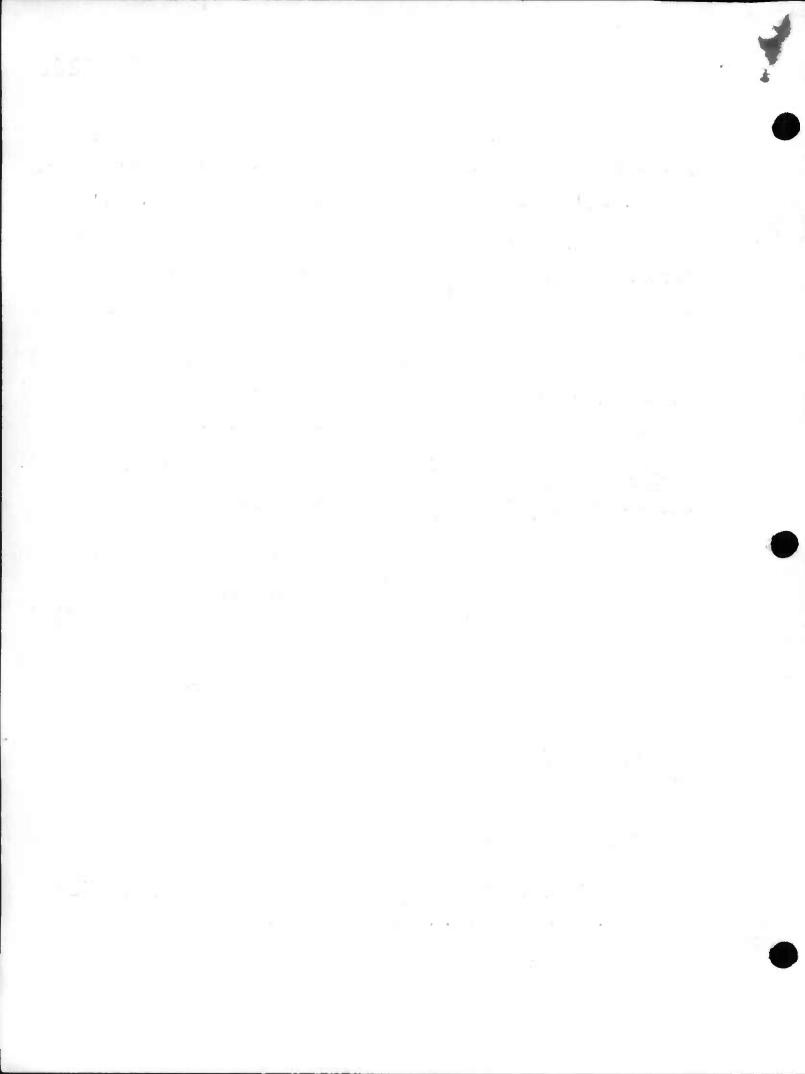
REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	CORRINNE	MILDRED	KALTE	NBORN	July 8	11:15 A M	
SOCIAL SECURITY HUMBER			F INDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH	1990	RTHPLACE (Statu or Foreign
		Name and	ONTHS DATE	HOURS MIN.	(Month, Day, Year)	Co	untry)
169-05-1913	1 M 2 X 9	2 YRS.			Feb. 5, 1	1898 Mc	Keesport, Pa
. FACILITY NAME (If not institution, give I	street and number)		B. CITY, TOWN C	R LOCATION OF D		Se. COUNTY O	F DEATH
D1 2/1	77 14-7		T			0.4	Manuella
St. Mary's	Hospital		Teom	ardtown		ST.	Mary's
TAL STATE 105, COUNT	4	Tax news	TOWN OR LOCAT	none .			10d. INSIDE CITY
IE. STATE TOD. COUNT	The same of the sa	-03/25/200					LIMITS?
Maryland St.	Mary's	Le	eonardt	own			1 TYES 2X NO
Ow. STREET AND NUMBER				ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
AND AND THE REPORT OF THE SEC.			1178	00680		** 0	À
Star Rt. Box 83D				20650		U.S.	
I. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 TYES	IN U.S. ARMED			NIC ORIGIN? (Specify Y	m or No 14, R	ACE — American Indian, llack, White, etc.
Never Married 2 Married	IF YES, GIVE WAR OR	DATES	1 T YES	ZAZWO Specif	en, Puerlo Ricen, etc.)	i s	pacify:
Widowed 4 Divorced			100	4		l W	hite
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	THAT OCCUPATION	· ·	T see also on the	JSINESS/INDUSTR	MANAGER
(Specify only highest grade		/Give kind of wor	rk done during mo retired.)	at of working	sea, runu or or	JOHNESIS INCUSTR	
Elementary/Secondary (0-12)	College (1-4 or 5+)	the Do NOT use i	(, better				
6		House	wife		Home	emaker	
Z. FATHER'S NAME (First, Microlin, Last)		110000		18 MOTHER'S H	ME (First, Ministe, Maide		
4.4 (1) [1] 11 [1] 12 [1] 12 [1] 12 [1] 12 [1] 12 [1] 12 [1] 12 [1] 12 [1] 12 [1] 12 [1] 12 [1] 12 [1] 12 [1]	7.1000127					Surface and the surface and th	T PATTE
HENRY H. H	ESS			SARAH	JANE :	SWARTZWE	LDER
in. INFORMANT'S NAME (Type/Frint)		19b. WAILING A	DORESS (Street a	ind Number or Flurid	Route Number, City or To	wn, State, Zip Code	į.
Dama Hal-		Cton Dt	Dear 0	7D_A1A	Leonardto	m Md	20650
Dora Hake		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN					
De. METHOD OF DISPOSITION TO Burlai 2 Cremation 3 Feet	count from State	b. PLACE OF DISPOSIT	HON (Name of cer	metery, crematory or	20c. L	OCATION — City o	r Town, State
Donation 5 - Other (Specify)		hartiers (Comoton		Fam	and r	le.
SIGNATURE OF FUNERAL SERVICE LO	CENSEN/ / /	marticis 1	22 NAME A	D ADDRESS OF FE	CILITY	negie, P	3.
	10/1/2/	////			NERAL HOM	E D A	
10.00	11/15	1/1/					20520
23. PART I. Enter the diseases, or	1. House	1			Leonardt		20650
disease or condition	a. DUE-RO (OR AS	A CONSEQUENCE OF:	numa	my to	nlun		day
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	· Po	A CONSEQUENCE OF:	2901	hil	W		28/19
PART II. Other significant condition	ns contributing to death	but not resulting in	the underlyin	g cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE
						740	OF DEATH? 1 ☐ YES 2 ☐ NO
S. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	hack only are)		
EXAMINERY	HOSPITAL:		OTHER:	a management	Carlotte Carlotte Comment		
1 THE TYPE OF THE	1 Nepatient 2 (ENO				6 Other (Specify)		
MANNER OF DEATH Natural S Pending	28s. DATE OF BUJURY (Month, Day, Year,		RY WC	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	0
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF BLUE building, etc. (Sy	RY — At home, farm, str socily)	set, factory, offic	*	291, LOCATION (Street City or Yours, State		ral Route Number,
BI. SIGNATURE AND TITLE OF CERTIFIE	5 10	ton and/og investigation,			time, deta and place,	and due to the cou	ne(x) and manner as stated NED (Morrin, Day, Mar)
	rick/Jarboe,	M.D.	Leonard	town, Md	. 20650		
JUL 9'90	Julia David	son-Mandalle					

TO THE HOSPITAL OR ATTENDING PHYSCIAN. The law requires that the death conflicte be executed within sevenus after death. Page 6 may be retained by the hospital or attending physician and compittely filled in by the tuneral director, page 6 should be detached for use as the burish-be fled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burish, committion, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/8



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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TO T	101	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, of removal.	M

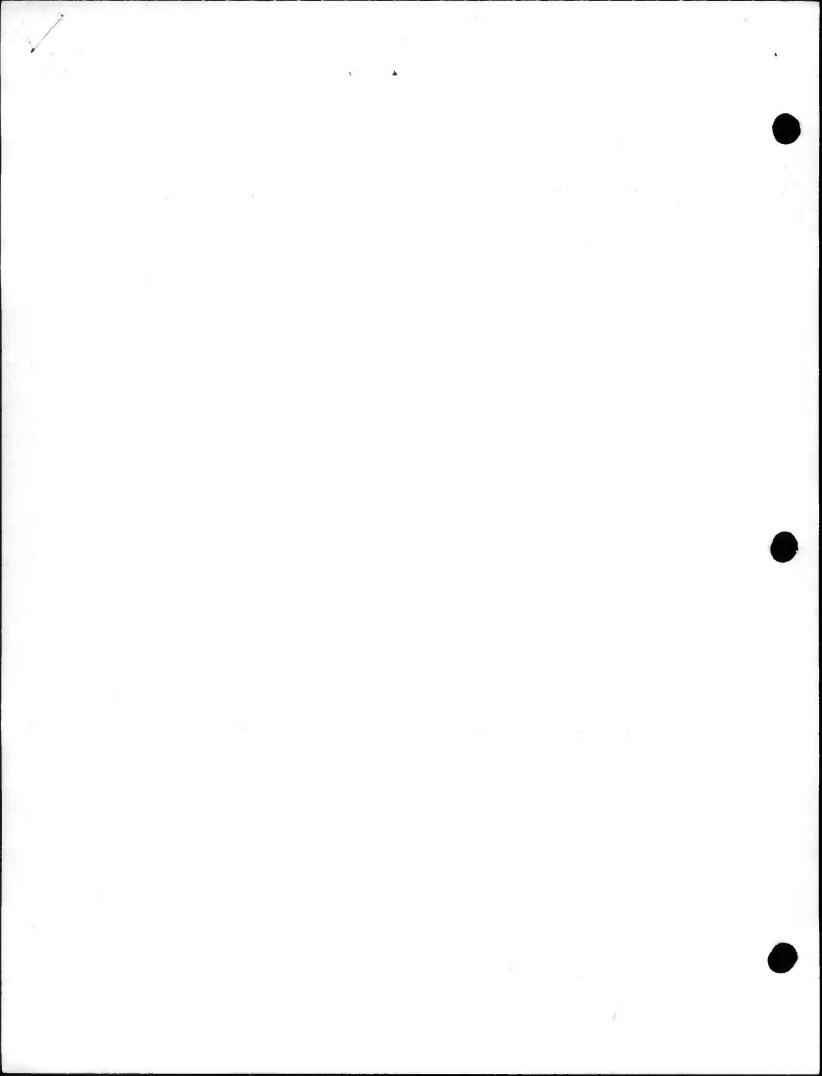
BE COMPLETED

2

	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Lest)	, Kotz				2. DATE OF DEATH MONTH	1990	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 127-14-3148	5. SEX 6. AGE	(In yrs. last birthday)	MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 9, 191	Cour	THPLACE (State or Foreign try) PA				
OB	90. FACILITY NAME (If not institution, gives	emorial	Hosp.		town or location of o	orace	BC. COUNTY OF	peath				
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCATION			10d, INSIDE CITY LIMITS?				
	MD Harfo	rd	Ha	avre	de Grace		10g. CITIZEN OF	1 YES 2 NO				
FUNERAL	5 Paradise Drive				21078		ILS.	Δ				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Tyes	2 NO	н	yes, specify Cuben, Mexic YES 2 NO Spec	an, Puarto Rican, etc.)	Bia	CE — American Indien, ck, White, atc. icity:				
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	work done d	CUPATION luring most of working	18b. KIND OF BUS	SINESS/INDUSTRY	W111_00				
COMPLET	6th grade	College (1-4 or 5+)	We. Do NOT u			0 1						
5	17. FATHER'S NAME (First, Middle, Last)		поизе	ewife	16. MOTHER'S N	AME (First, Middle, Maiden						
ш	Ignatius Kozlow	ski			Stel	la Walczal						
0 8	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Elaine Neely 200. METHOD OF DISPOSITION				Dr., Havre		MD 210					
	1 Donation 5 Other (Specify)	oval from State	other place)		Cemetery, crematory or							
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	TIOLY II		NAME AND ADDRESS OF F		ticoke,					
	Beorge M.	Hampton	Jr.	Mi	theil-Smith	F. H HAUN	et de Gr					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiretory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. OUE TO (OR AS a CONSEQUENCE OF): M. H. HAURE de 614ce, Md. Approximate interval Batween Onset and Death Onset and Death											
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ordion Arten	yopa y Disi	thy 2-24								
: MEDICAL C	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN MUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF DEATH (C	Zhech only one:						
IXSI	1 YES 2 WHO 27. MANNER OF DEATH	1 Minpatient 2 ER/Out		4 🗆 Nurs	ling Home 5 - Rasidence		N HIDV COOLINGS					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TII	ME OF IJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	NJUHY OCCURED					
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp.	Y — Al home, farm, scify)	streel, facto	ory, office	281. LOCATION (Street City or Town, State)	end Number or Run	Il Route Number,				

	IL.		
96. SIGNATURE AND TIVE OF CERTIFIER	· Ama S	29c. LICENSE NUMBER	29d. DATE SIGNED (Morth, Day, Welr)

32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zernours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			ENT OF H			GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		1.0				2. DATE OF DE	ATH			3. TIME OF DEATH	
	Berni	ce Laura		I	King		July 1	1, DAY	.990	YEAR	0730 M	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest bi		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIT		Т		PLACE (State or Foreign	
	579 24 2315	1 🗌 M 2 💢 F	64	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)						Washington DC		
	Se. FACILITY NAME (If not institution, give a	street and number)		9b.	CITY, TOWN C	R LOCATION OF DE				YTY OF D		
10H	Calvert Memoria								vert			
DIRECTOR	10e. STATE 10b. COUNTY				WN OR LOCAT						10d. INSIDE CITY LIMITS?	
	Maryland Calv	ert		Princ	<u>ce Fre</u>						1 ☐ YES 2 🙀 NO	
FUNERAL	10e. STREET AND NUMBER				10f	ZIP CODE					VHAT COUNTRY?	
빙	5986 Sixes					20678			_	SA		
5	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	0		ENDENT OF HISPAN Icity Cuban, Mexican			or No-	14. RACE Black	E — American Indian, c, Whita, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 TYES	2 NO Specify.	:			Speci	hite	
	15. OECEDENT'S EDU	ICATION	16a DECE	DENT'S HEH	AL OCCUPATION	101	16b, KIND	OE BILE!	NEGG/IND			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of work	done during mo ired.)	st of working	IOU. KIND	OF BUSI	NE33/IND	USTRI		
7	G Commentary/secondary (U-12)	College (1-4 or 5+)	Scho	ool Bo	nard		Co	าก+พ	COV	ernn	nent	
MO	17. FATHER'S NAME (First, Middle, Last)		_ DCIR	<i>JOI 18</i>	Jara	16. MOTHER'S NAM				CLIM	ICIIO	
	Joseph	Burger					nine Ta					
BE	19a. INFORMANT'S NAME (Type/Print)	Darger	19b, 8	ALLING ADD	RESS (Street a	nd Number or Rural R				Code)		
2	William M. King					. Prince					3	
	20a. METHOD OF DISPOSITION	1	20b. PLACE OF	DISPOSITIO		netery, crematory or	-				wn, State	
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	other place		U.M.	C. Cemete	erv	Pri	nce	Fred	derick MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				D ADDRESS OF FAC					L Home	
	+ BKan	wich			4405	Broomes						
	23. PART I. Enter the diseases, or	complications that cause on List only one cause on		h. Do not e	enter the mo	de of dying, such	es cardiac o	r respir	atory sm	est,	Approximete	
	IMMEDIATE CAUSE (Final	List only one cause on	i eech ime.								Onset and Death	
	diseese or condition resulting in deeth)	. SEPSIS										
ľ	rosulting in dooting	OUE TO (OR A	S A CONSEOU	ENCE OF):			_					
z	- PNEUMONIA AND VRINARY TRACT INTERTION											
CERTIFICATION	I IT SOV. leeding to immediate. W											
2	cause. Enter UNDERLYING CAUSE (Disesse or injury	C. DIASE DUE TO (OR A	765	MEL	4170	5						
발	that initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSECU	ENCE OF):								
H		d									1	
	PART II. Other significent condition	ns contributing to death	h but not res	ulting in th	ne underlyln	g ceuse given in	Part 1. 24a.	WAS AN A		24b	. WERE AUTOPSY FINDINGS	
CAL	PERIPHERI	n VASCO	ULAR	- D/	SEAS	E		PERFORM YES 2	-	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							_ ' '	120 2			OF DEATH? 1 YES 2 NO	
≥							-				7 120 2	
₹	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF OEATH (Che	ock only one)					
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:	Outpatient 3 🗆		THER:	e 5 🗆 Residence	6 Other (Soe	c(fv)				
Ξ	27. MANNER OF OEATH	28a. DATE OF INJUR		28b. TIME OF	28c. INJ	URY AT	28d. OEŞCRIBI		JURY OC	CUREO		
III TRIBUIN S PENGING M 4 VEG 6 NO												
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJU	JRY — At home	, farm, stree	t, factory, offic	•	281. LOCATION		nd Number	or Rural	Route Number,	
TED	4 Homicide detarmined	building, etc. (S	эрөску)				City or Tow	n, state)				
빌	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the beat of my kn	nowledge, deat	occurred at	the time. date	and place, and due	to the cause(a)	and manr	ner na stal	led.		
COMPLET	CONSON CHAP	ER: On the basis of examina									a) and manner as stated.	
	29b. SIGNATURE AND TURE OF CERTIFIE	m a.c	1			29c, LICENSE NUN	ABER .	Т	29d, DAT	E SIGNE	Wakanthi Cay, War)	
H	11/11	Margal	5				358	- 1	•	7/	11/90	
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM :	27) (Type, Prin	nt)		-000	_		4	0//0	

Prince Frederick,

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CHANDRASEKITA 10190 32. REGISTRAN SANGHATURE

	500							20	40411	
	1 - FOR STATE REGISTRAR	STATE OF MARY		RIMENT OF H		MENTAL HYGIE REG. N				
	1. OECEDENT'S NAME (First, Middle, Last) Roveni	la J.		KEARSE		2. DATE OF OEATH MONTH	DAY	YEAR 990	3. TIME OF OEATH 0450 AM	
	4. SOCIAL SECURITY NUMBER 219-05-6219	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/13/19		_	LACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give str	eet and number)	00	9b. CITY, TOWN (R LOCATION OF OE			TY OF DE		
TOR	PENINSULA GENERAL	L HOSPITAL		SAL	SBURY, M	IARYLAND		WICO	MICO	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland Wi	comico	10c. CI1	ry, town or locat	icoke			1	10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
ERAL	10e. STREET AND NUMBER Bank F	Road		101	21840			J.S.	HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 🔀 Olvorced	12. WAS OECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, sp		IIC ORIGIN? (Specify n, Puerto Ricen, atc.)	Yee or No—		- American Indien, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	Give kind of Ille. Do NOT u	S USUAL OCCUPATION Work done during models retired.)	DN st of working	16b. KIND OF B		y Parlor		
BE COM	17. FATHER'S NAME (First, Middle, Last) John Perry 18. MOTHER'S NAME (First, Middle, Melden Surneme) Bessie Nutter									
TO B	19a. INFORMANT'S NAME (Type/Print) Amelia F. Walla	ce	19b. MAILIN			Route Number, City or 1 Maryland				
	28e. METHOO OF DISPOSITION 120 Burlel 2 Cremetion 3 Remo	metery, cremetory or	1000	LOCATION — (m, State Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICE	Mossul	T		ick Fundate, Mai	cuty eral Homo ryland 2	e, P.C	о. Вс	ox 61	
	23. PART I. Enter the diseases, pr ci shock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)		each line.	not enter the mo	de of dying, suc	h es cardiac or re	apiratory err		Approximete Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	DUE TO (OR AS Cerrali	A CONSEQUENCE OF	by.	ten - fib	ni lation				
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions Signi Li Chr	contributing to deeth	but not resulting LVAL VA allia enfection	in the underlyin secular	g cause given in	PER	AN AUTOPSY FORMEO?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 □ Inpatient 2 □ ER/O	utpatient 3 DOA	OTHER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJUR (Month, Day, Year	y 28b. Til	IJURY WO	URY AT ORK? YES 2 NO	28d. OEŞCRIBE HO	W INJURY OC	CURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S)		street, factory, offic	•	28f. LOCATION (Stre City or Town, St.	et end Number ate)	or Runal A	oute Number,	
COMPLET	onel —	CIAN: To the best of my knot. R: On the basis of examinat							end manner se stated.	
BE	295. SIGNATURE AND TITLE OF CHITFIER	handrofe	cohun	-110	29c. LICENSE NUI	WBER 1091	29d. DAT	E SIGNED	(Month, Day, Year) 2-7/1990	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Torr	e Printi			_	1	1	

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SALISBURY

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH LEROY KELLY 1990 11:05 A. A .M 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 🔐 M 2 🗆 F YRS. 161-07-0335 Y.IIII. PENNSYL VANTA 15 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1517 Windham Lane Silver Spring Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY MARYLAND 1 YES 2 NO MONTGOMERY SILVER SPRING FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1517 WINDHAM LANE 20902 USA 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 TYPES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced WHITE WW IT COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) BE 2

11	BI	US OPERATOR -	METRO					
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Maiden Surname)				
WILLIAM J. H	ELLY		EMMA	STOCK				
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street	and Number or Rural	Route Number, City or Town, State, Zip (Code)			
OLIVE J. KELLY	(WIFE)	1517 WINDHAM	LANE SI	LVER SPRING, MA	RYLAND 20902			
20a. METHOD OF DISPOSITION 1 Description March Description Descri	oval from State oth	ACE OF DISPOSITION (Name of of place)		20c. LOCATION — C				
21. SIGNATURE OF PUNERAL SERVICE LIE		ATE OF HEAVEN	AND AODRESS OF FA		PRING, MARYLAND			
· Olin L	Stine	FRANC	CIS J. CO	LLINS FUNERAL H				
23. PART I. Enter the diseases, Dr c	complications that caused the		ode of dying, suc	ch as cardiac or respiratory arre	et, Approximate			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Acute myocar				Onset and Death			
rounting in dutiny	OUE TO (OR AS A CD							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CO	NSEDUENCE DF):						
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A CO	NSEDUENCE DF):						
PART II. Other eignificent condition None	e contributing to death but r	not resulting in the underly	ng cause given in	Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
					1			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VS 2 ND	HOSPITAL:	OTHER:	PLACE OF DEATH (C	8 Other (Specify)				
27. MANNER OF DEATH 1 💢 Netural 8 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME DF 28c. I	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCC	CURED			
2 Accident 3 Suicide 8 Could not be detarmined	3 Suicide s Could not be 28a. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
(Check only				a to the cause(s) and menner as state e time, data and place, and dua to the				
296. SIGNATURE AND TITLE OF GERTIFIE	Kagery	lcal traminer	29c, LICENSE NU DO99		SIGNED (Month, Day, Year)			
John S. Rogers,	()	ntem 27 (Types Print) ninary Road, S	Silver Sp	ring, MD 20910				
31. DATE FILED (Month, Day, Year) JUL 0 5 90	30. REGISTRAR'S SIGNATU	Rando DO						
	A contracting and a contractin	1						

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jurs after death. Page 6 may be re	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5
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	er this certifi	ith with the	narked, or
	After this certifi	leath with the	marked, or
	: After this certifi	death with the	Is marked, or
)R: After this certifi	ter death with the	3 is marked, or
	TOR: After this certifi	after death with the	28 is marked, or
	ECTOR: After this certifi	rs after death with the	n 28 is marked, or
	IRECTOR: After this certifi	ours after death with the	em 28 is marked, or
	DIRECTOR: After this certifi	hours after death with the	Item 28 is marked, or
	AL DIRECTOR: After this certifit	2 hours after death with the	It Item 28 is marked, or
	RAL DIRECTOR: After this certifi	n 72 hours after death with the 3	F. If Item 28 is marked, or
	NERAL DIRECTOR: After this certifi	hin 72 hours after death with the	NT: It Item 28 is marked, or
	FUNERAL DIRECTOR: After this certifi	within 72 hours after death with the	JANT: It Item 28 is marked, or
	E FUNERAL DIRECTOR: After this certifi	1 within 72 hours after death with the	RTANT: It Item 28 is marked, or
	THE FUNERAL DIRECTOR: After this certifi	iled within 72 hours after death with the	PORTANT: If Item 28 is marked, or
	THE FUNERAL DIRECTOR: After this certifi	filed within 72 hours after death with the 3	APORTANT: It Item 28 is marked, or
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the by	be filed within 72 hours after death with the 3	MPDRIANT: It item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 9

90 20273 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (Fir.t, Middle, Last) 2 DATE OF DEATN 3. TIME OF DEATN KOLB :30P LOUISE 07 4. SUCIAL SECURITY NUMBER 8. AGE (In yrs, lest birthday) 7. DATE OF BIRTH (Month, Day: Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (St DAYS 089-03-463 1 M 2 9b. CITY, TOWH OR LOCATION OF DEATN 9c. COUNTY OF DEATN RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 X YES 2 NO 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 6105 Montrose Road 20852 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year or No if yea, specify Cuben, Mexicen, Puerto Rican, etc.)
1 ☐ YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Married Specify: 3 🕅 Widowed 4 🗌 Divorced White 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) School Teacher Education 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Isador Obshatkin Chefetz Clara 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Sheila Moldover (daughter) 8836 Wandering Trail Drive, Potomac, MD 20854 20e. METHOD OF DISPUSITION
1 Burlel 2 X Continues 3 1 in 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donetion 5 Cotton (Specify) Suburban Crematory Silver Spring, MD 21. SIGNATURE OF A AL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels, Inc. 1170 Rockville Pike, Rockville, MD 23. PARTA. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abook, or heart fellure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA rsing Home 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner se stated. 295 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month) Day, Year)

OEATN (ITEM 27) (Type, Print)

whie Davidson-Randage

22 - 1

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1 -	FOR STATE REGISTRAP
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE C	F DEATH	F	REG. NO.				
	1. DECEDINT'S MANE (First, Middle, Last)		Kar	tor		2. DATE OF MONTH	03	3 9	0	5,50	P
	578-38-7292	M 2 0 F 75	yrs. lest birthday) YRS.	IF UNDER 1 YE	YS HOURS MIN.	7. DATE OF (Month, D. Aug.	ay, Year)	914	Broo	klyn, N	
TOR	98. FACILITY NAME (If not institution, give street of HOLY CROSS HOSPITA RESIDENCE OF DECEDENT				WN OR LOCATION OF DI	EATH		9c. COUNT			
INEC	Maryland Montgome	227		v, town on Li Lver Si						10d. INSIDE CITY LIMITS? 1 X YES 2 1	10
_	10e. STREET AND NUMBER	er y	1 51.	LVEL D	101. ZIP CODE			10a CITIZE	N OF W	HAT COUNTRY?	-
FUNERAL DIRECTOR	1111 University Blv		1416		20902			υ.:	S.A.		
B	1 Name Married 2 N Married	WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATI WWII	2 NO	If yes	DECENDENT OF HISPAI I, specify Cuben, Mexica YES 2 NO Specif	in, Puerto Rica	Specify Yee in, etc.)	or No— 1		- American India, White, etc. White White	n,
8	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		6a. DECEDENT'S	USUAL OCCU	PATION	16b. KI	ND OF BUS	SINESS/INDU	STRY		\neg
COMPLETED		bliege (1-4 or 5+) 5+	Chem:		g most of working	U	.s.	Gover	nmen	nt	
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mide	die, Malden	Surname)			
BE C	Hyman Cant	or			Id	da Nas	hemov	vitz			
10	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural				-	20902	
F	Natalie Kantor (wi	-	11111	Jniver	sity Blvd.	, W #1	416,	Silve	er S	Spring,	MD
	20e, METHOD OF DISPOSITION 1 B Burlel 2 Cremination 3 Removal	from State 20b. F	PLACE OF DISPOS other place)	SITION (Name o	of cemetery, crematory or		20c. LO	CATION — CI	ty or Tov	wn, State	
	4 Donetion 5 Doyler (Specify)	// Mt	t. Lebai				Ade	lphi,	Mar	yland	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	E M:		Dan	e and address of fa zansky-Gol O Rockvill	dberg					
	23. PART i. Enter the diseases, or companies, or heart value. List IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Preum	onia		mode of dying, auc	ch as cerdied	or respi	ratory arre	et,	Approxima Interval Be Onset end	tween
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	monory for	not resulting	in the under	lying cause given in		PERFOR	MED?	24b.	WERE AUTOPSY FII AWAILABLE PRIOR COMPLETION DF COF DEATH?	TO AUSE
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATH (C	heck only one)					
SIC		OSPITAL: inpatient 2 ER/Output	lent 3 🗆 DOA	OTHER:	Home 5 - Reeldence	6 🗆 Other (S	Specify)				
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY	NJURY AT WORK?	28d. DESCR	NBE HOW I	NJURY OCCI	JRED		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif)		street, factory,	office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: O) end menner as s	isted.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Mmb)	,		29c. LICENSE NU	IMBER		29d. DATE	SIGNED	(Motion Day, Year)	
- TO	30. NAME AND ADDRESS OF PERSON WHO OF	MY MD	14808	PH)	ISICIANS	CANE	SU	ire a	12	FOCKUIT	
	31. DATE FILED (MONTH, Day, Year) JUL 0 5 '90	32 REGISTRAR'S SIGNAT									-

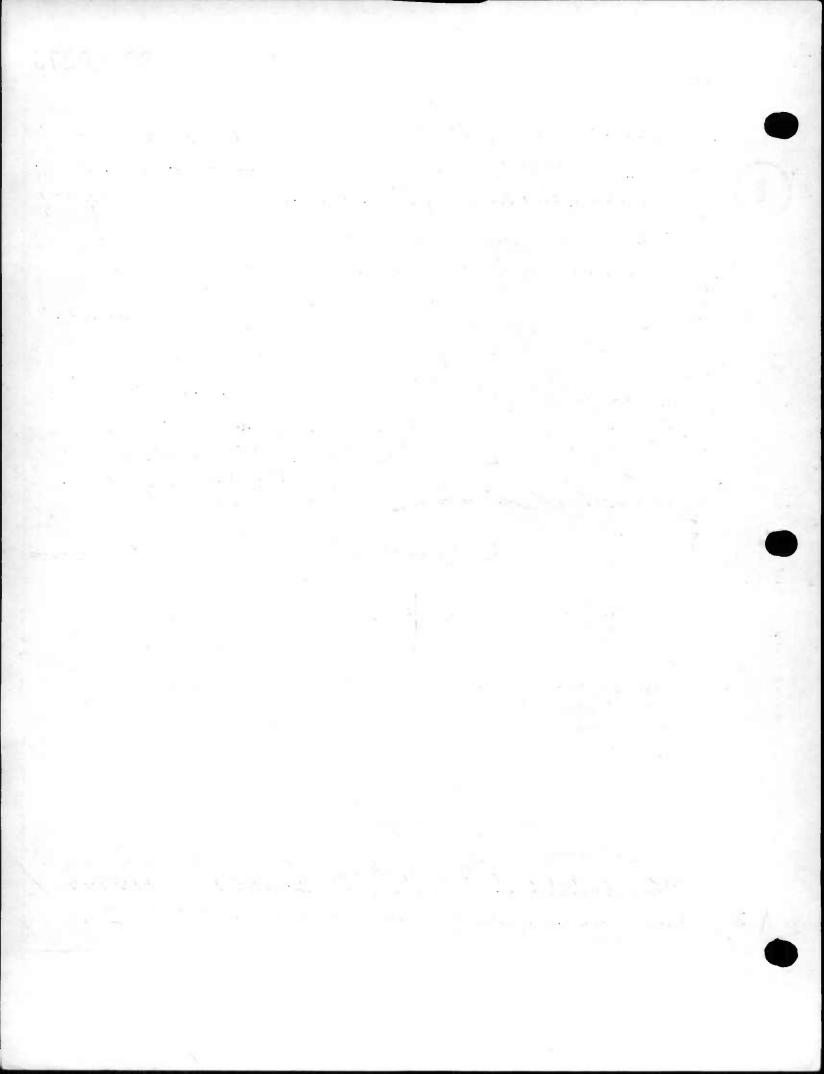
BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 11 the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

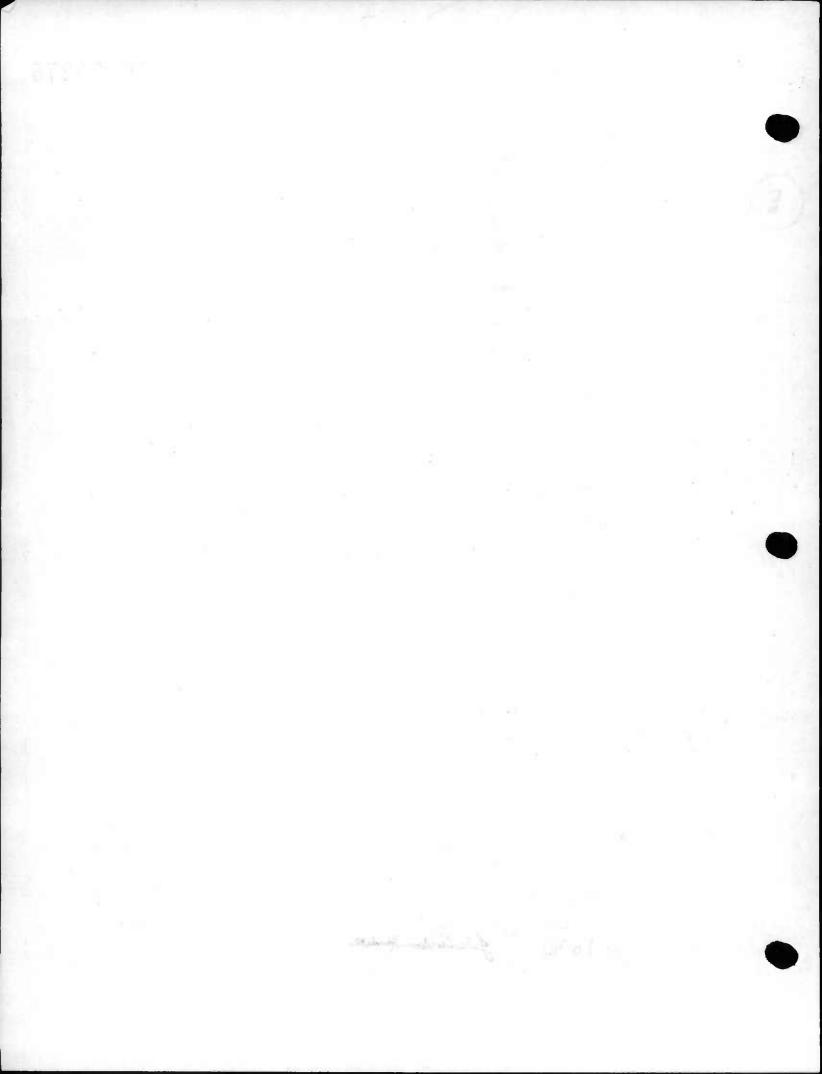
	REGISTRAR		CERTIF	ICATE C	T DEALH	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) NATALI	EK	ANTO	K		2. DATE		ALC: NO	YEAR 3.	TIME OF DEATH 3 A M
	4. SOCIAL SECURITY NUMBER	2.4	E (In yrs. last birthday)	IF UNDER 1 YE		/44	th, Day, Year)	8	. BIRTHPLA Country)	CE (State or Foreign
	019-07-4589	1 M 2 XE	73 YRS.			10	1511			chusetts
OR		Plud West	1416		enton cation	OF DEATH			MT9	omery
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	7	10c, CI	Y. TOWN OR LO	OCATION				100	I. INSIDE CITY
DIRECTOR	MD Mon	Tromery	2		aton					LIMITS? YES 2 NO
FUNERAL		ity Biva	1 4, a	105	10f. ZIP CODE	20902		10g. CITIZE		COUNTRY?
NE	11. MARITAL STATUS	49 MAR DECEDENT EVE	TALLE ADMED	116	DECENDENT OF H		INT /Sensity Voc			American Indian,
	1 Never Married 2 Married 3 SWIdowed 4 Divorced	FORCES? 1 YE	S 2 NO	If yes	, specify Cuban, M			or No.—	Black, Wi	
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUI	PATION g most of working	18	b. KIND OF BUS	SINESS/INOU	STRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)	g most or working					
			Homemak	er			Home			
	17. FATHER'S NAME (First, Middle, Lest) Eli Franklin						Middle, Meiden			
8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str	reet and Number or I		iedman		(ode)	
2		(Son)			Street;					
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem		20b. PLACE OF DISPO				_	CATION — CI		
	4 Donation 6 Other (Specify)	oval from State	other place)	t. Leb	anon Cem	etery	Ade	1phi,	Mary	land
	21. SIGNATURE DE L'UNERAL SERVICE LIC	CENSEE			ANSKY-GO		MEMOD	TAI C	INDET	c INC
	Venne 1	11/1	ne							d. 20852
7	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Asn	Ax (AT	fon on:						Interval Batween Onset and Death MILULES
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant condition	na contributing to deati	h but not resulting	in the under	lying cause give	n In Part I.	24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
SAL		n + x15104					PERFOR	RMED?	AM	MILABLE PRIOR TO MPLETION OF CAUSE
MED		Schen			4		1 763 2	No		DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEAT	H (Check only o	one)			
SIC	EXAMINER?	HOSPITAL: 1 Inputiant 2 ER/C	Outpetient 3 DDA	OTHER:	Home 8 Ageld	ince 8 🗆 Ott	her (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	26a. DATE OF INJUI (Month, Day, Yea		JURY	WORK?		EŞCRIBE HOW I	NJURY OCCL	IRED	
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, Specify)	street, factory,	office	28f. LO	CATION (Street by or Town, State)	end Number o	r Rural Rout	Number,
TEC										
COMPLETED	one)	ICIAN: To the best of my kr								d manner as stated.
TO BE COMPLETED	(Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	R CLLO	ention end/or investigate Exc	ion, in my opini	on, death occured	et the time, de	ite end place, ar	d due to the	cause(e) an	od manner as stated.
BE	(Check only one) 2 MEDICAL EXAMINE	R Call La O	ention end/or investigate Example DEATH (ITEM 27) Over 4 20 3 Q	ion, in my opini	on, death occured	et the time, de	ite end place, ar	d due to the	cause(e) an	onth, Day, Year)



BALTIMORE, MARYLAND 21203-3146	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
13146,	pecuted within	and complete
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ENDING PHYSICIAN: The law requires that the death certificate be ext	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
DIVI	AL DR AT	T DIREC

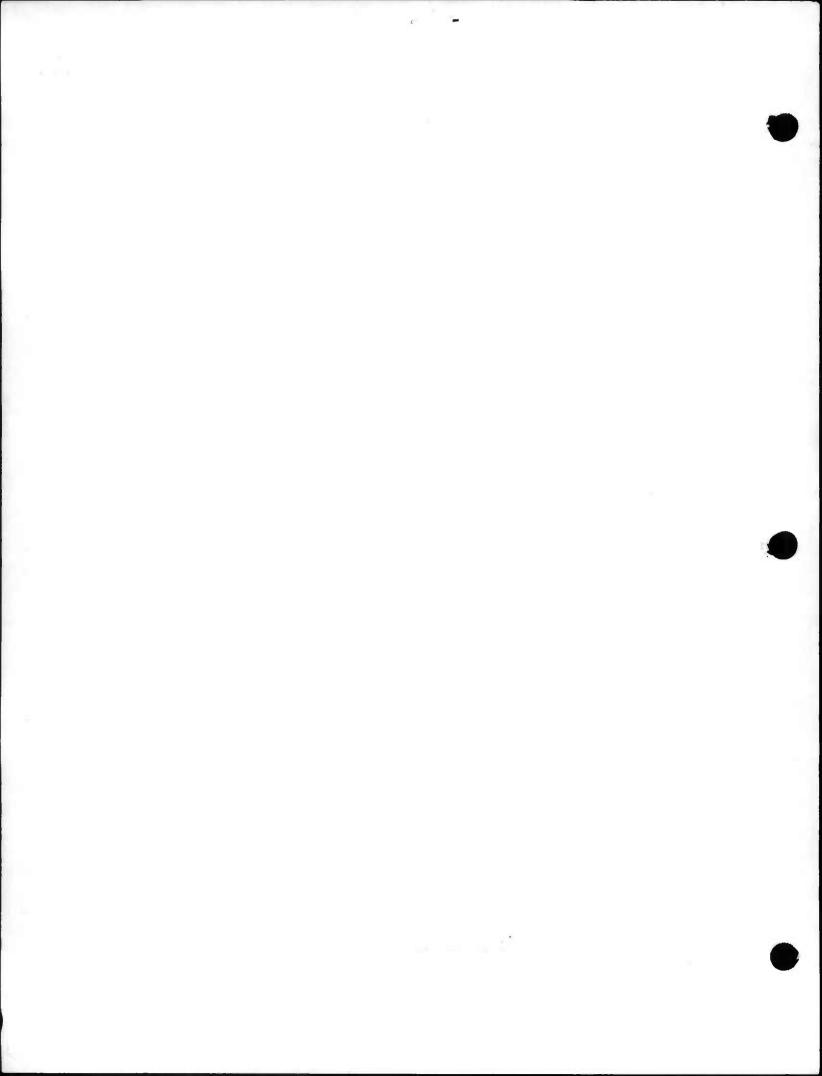
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TE	CTOR	afte	28
DR /	DIRE	SOURS	Fet
IAL	BAL	72	=
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포	HE F	led v	DRI
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached fit	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT	OF H	EALTH DEAT	AND N	MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) William James KOC	GLE						MON	uly 12,		YEAR	3. TIME OF DEATH !: 15 A M
	4. SOCIAL SECURITY NUMBER 21.5-26-1226	1 ⋅ M 2 □ F 58	yrs. last birthday) YRS.	IF UNDER MONTHS	DAY8	IF UNDER	MIN.	Dec. 13,1931 Mary				yland
TOR	98. FACILITY NAME (If not institution, give str Washington County RESIDENCE OF DECEDENT			9b. CITY,		erst		ATH			shin	gton
DIRECTOR	10a. STATE 10b. COUNTY Maryland Washi			Y, TOWN O								10d. INSIDE CITY LIMITS? 1 YES 2 \ \ NO
FUNERAL	Route 3, Box 169			101. ZIP CODE 21795				10g. CITIZEN USA				WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	-10	f yes, spe		n, Maxican	, Puert	SIN? (Specify Yea o Rican, atc.)	or No	Biac Spec	E — American Indian, k, Whita, atc. lity: Lte
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of life. Do NOT u	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working te. Do NOT use retired.) Computer					6b. KIND OF BUS	INESS/IN	DUSTRY		
BE COI	17. FATHER'S NAME (First, Middle, Last) Harry L. Koogle						Lill:	ian	Rhodes			
10	Shirley R. Koogle		Rout	e 3,	Box	169	, Wi		amsport	, Md	. 21	
	20a. METHOD OF DISPOSITION 1 IX Burlal 2 Cremation 3 Ramo 4 Donation 8 Other (Specify)	other place) Preenlaw	of disposition (Name of cemetery, cremetery or lace): nlawn Memorial Park 22. NAME AND ADDRESS OF FACILITY					Williamsport, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICE	Unnich		N	INN	ICH I	FUNE	RAL	HOME lvd.,Ha	gers	town	, Md. 21740
	IMMEDIATE CAUSE (Final	omplicatione that coused lat only one cause on each of the couse on each of the couse on each of the couse on each of the couse of the	aortic	: ane					ominal		reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE C										
CERTI	that initiated events resulting in deeth) LAST d											
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to deeth b	ut not resulting	in the un	derlying	j cause ç	given in I	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	241	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	etlent 3 DOA	OTHER 4 Nurs	R:	ACE OF D			one) ther (Specify)			
ву РНУ	27. MANNER OF DEATH 1 M Natural 8 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. Till	ME OF JURY M		URY AT RK? 'ES 2] NO	28d. D	EŞCRIBE HOW I	NJURY O	CORED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	atreet, fact	ory, office			28f. L	OCATION (Street a ity or Town, State)	and Numbe	er or Aural	Route Number,
COMPLETED	cond only	CIAN: To the best of my knowles: On the basis of axamination										e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Distore	ies,				1062					13,1990
5	30. NAME AND ADDRESS OF PERSON WHO Edward W. Ditt				ngt	on S	St.	Н	agerst			
	31. DATE FILEO (Month, Day, Year) JUL 16 '9(O I I I M D 32. REGISTRARE SIGN Guia	Davidson-V	Poplar	2							



Page 6 may be retained by the hospital or attending phy	I director, page 5 should be detached for use as the bur	ner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

Ü	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMI			ENTAL HYGIENE REG. NO.		
	Heler		retze				90	3. TIME OF DEATH 3: \(\sigma 3 \) M
		□ m 2 🛛 F 7	71 YRS.		HOURS MIN.		919 West	PLACE (State or Foreign 'Y) Virginia EATH
TOR	Washington County	Hospital		agerst		WASHINGTON		
DIRECTOR	Maryland Washii	ngton		gersto		10d. INSIDE CITY LIMITS? 1 X YES 2 ND		
FUNERAL	711 West Washing	ton St.		101.	21740	10g. CITIZEN OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 12 1 Never Married 2 X Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spe	endent of Hispanic city Cuban, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No— 14. RACI Blac Spec Whit	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) C	ON Inpleted) College (1-4 or 5+)	(Give kind of work of life. Do NOT use retin	lone during mos red.)	N It of working	166. KIND OF BUSI		
BE COM		Edward	Edwards		Anna	E (First, Middle, Malden S Aire	Freed	lman
5	19a. INFORMANT'S NAME (Type/Print) Anna Mae Koontz 29a. METHOD OF DISPOSITION	20h F		arland	Line Rd	Greencas		
	1 X Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENS	from State Mt	.View cem	etery			psburg,N	
	23. PART I. Enter the diseases, or comshock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Auth Re		nter the mo	de of dying, such		atory arrest,	Approximate Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	elu	e Auc	alis	Aseas	2 years
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of	,	t not resulting in th		-	Part I. 24a, WAS AN / PERFORI	MED?	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIA		OSPITAL:		HER:	ACE OF DEATH (Che			
ву РНУ	27. MANNER OF DEATH 1. Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ WO		28d. DEŞCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	– At home, farm, street y)	, factory, office		261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	(Orack Drily	N: To the best of my knowled On the besis of examination a						a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Jua			D 198	BER 24	29d. DATE SIGNE	(Month, Day, Year)
F	GLORIA F.	PURA	TH (ITEM 27) (Type, Print		ILL S	T. HA	6625	TOWN K
	31. DATE FILED (MONU) 2 2 90	32. RESISTRAR'S SIGNAT	tune Andales					



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIF	ICATE OF	DEATH	REG	. NO.	
1. DECEDENT'S NAME (First, Middle, Lest) Edna	Amelia		uhn		2. DATE OF DEA		3. TIME OF DEATH
212_74_2350	1 🗆 M 2 🗓 F 8	(In yrs. last birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	700 Ma	BIRTHPLACE (State or Foreign Country)
PACILITY NAME (If not institution, give str Homewood Retire		er		or Location of D IMSport	EATH	9c. COUNTY Washi	of DEATH Ington
RESIDENCE OF DECEDENT 10s. STATE Maryland Washi	ngton		y, town on Loc				10d. INSIDE CITY LIMITS? 1 🖄 YES 2 🗌 NO
621 Salem Ave.		na		of, ZIP CODE 21740		10g. CITIZEN USA	OF WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Married X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, s	ECENDENT OF HISPA specify Cuban, Mexic S 2 X NO Speci	an, Puerto Rican, al	Ify Yes or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12 yrs.	ATION ompleted) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of v life. Do NOT us assemb	work done during rate retired.)	TION nost of working		of Business/INDUST	nufacturing
17. FATHER'S NAME (First, Middle, Lest) Charles L. Pov	ell			16. MOTHER'S NA	AME (First, Middle, A		endle
Mary E. Anthony				and Number or Aural		or lown, State, Zip Coo Stown, N	¹⁰ 21740
Roa, METHOD OF DISPOSITION CASurial 2	val from State 20	ROSE Hi	II Cem	emetery, cremetory or		oc. LOCATION — CHY	or Town, State Wn, Marylar
Secretarian of Fundant Service Lice	Minnie	Sh	Gera.	AND ADDRESS OF FA Ld N. Min cal Home	nich	305 N. Po	otomac St.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	e (0	mestri	re ha	+ tack	
PART II. Other significant conditions	contributing to death	but not resulting	In the underly	ing ceuse given in	P	MAS AN AUTOPSY ERFORMED? YES 2 10	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	method 2 000	OTHER:	PLACE OF DEATH (C			
77. MANNED OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM	IE OF 28c. I	NJURY AT WORK? YES 2 NO	1	HOW INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm,	street, factory, of	fice	281. LOCATION (City or Town	Street and Number or i	Rural Route Number,
one)	HAN: To the best of my know						suse(a) and manner as stated.
190. BIGMATURE NO STOCKE OF CONTROL	5			29c. LICENSE NO	96-11	1// 22-20-11	GNED (Month, Pey, Year)
Algalio Della	16/QC	ATH (ITEM 27) /Type	In Ino	Hage	Than	- MD	21760
JUL 116 90	3 gentles violentes	www.					

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	OIAIL OI	CE	RTIFIC		F DEATH		G. NO.		
1. DECEDENT'S NAME (First, Mi	ddle, Last)					2. DATE OF OR	EATH DAY	YEAR	3. TIME OF OEATH
Mary Griff	ith Kendri	.ck					10-90	TEAR	м
4. SOCIAL SECURITY NUMBER		.8. AGE (In yrs. lest		F UNDER 1 YEAR		7. DATE OF BII (Month, Day,		8. BIRTI	IPLACE (State or Foreign
226-42-850	1 - M 2 XX	84	YRS.	ONTHS DAYS	HOURS MIN.	07-21-			ĥio
9a. FACILITY NAME (If not institu	stion, give street and number)		9	b. CITY, TOW	N OR LOCATION OF	DEATH	9c.	COUNTY OF D	EATH
1220 Chesa	apeake Driv	'e		Chu	rchton		A	nne A	rundel
	Anne Arund	lel		rown on Lo					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER					10f. ZIP CODE		10g	CITIZEN OF	WHAT COUNTRY?
1220 Chesa	apeake Driv				20733			US	
1 Never Married 2 Ma 3 Widowed 4 Divorce	FORCES?	NT EVER IN U.S. ARI 1 YES 2 N WAR OR DATES	MED IO	If yes,	SPECENOENT OF HISP/ specify Cuban, Mexic (ES 25 NO Spec	can, Puarto Rican,		Blac	E — American Indian, k, Whita, atc. "Y:White
(Specify only hi	ENT'S EOUCATION ghest grade completed)	(GI	CEDENT'S US Ve kind of wor Do NOT use i	k done during	NTION most of working	16b. KIND	OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12		+)				Deals 7		-1 1	
12.	5+	Te	eache	r	40 MOTHERIC N	PUDJ	ic S		
Alwood O.						Ruth M			
19a, INFORMANT'S NAME (Type		190	. MAILING A	DDRESS (Stre	et and Number or Rura				
Janice K.	Archbold	16	80 E	astbo	ooth Roa	ad, Wes	st Che	ester	,PA 19380
20a. METHOD OF OISPOSITION 1 Burtal 2 Cremation		other pla	ice)		cemetery, crematory or			N — City or To	1
4 Donation 5 Other (Sc		Metro	Cre		AND ADDRESS OF F		Balt:	imore	, MD
> Tutanta a	1 Hay	17		Hard	desty Fu	neral			
23. PART i. Enter the dise	ases, or complications th	at caused the de	sth. Do not						ville, MD
ahock, or hear IMMEDIATE CAUSE (Final disease or condition	rt fallure. List only one ce	use of each line	2 -4	mla				,	Interval Between Onset and Death
resulting in death)	DUE T	O (OR AS A CONSEC	DUENCE OF):	vie	/				95
Sequentially list condition	com	(A)/C O (OR AS A CONSEC	065	mo	hip pe	1/m. c	de	20	9725
If any, leading to immedia cause. Enter UNDERLYING	ate 3	ON AS A CONSEC	DUENCE OF):						U
CAUSE (Disease or injury that initiated events	OUE TO	OR AS A CONSEC	DUENCE OF):						
resulting in death) LAST	d								
PART II. Other aignificant	conditions contributing t	o death but not r	esultino in	the underly	dog cause given i	n Part i 24a	WAS AN AUTO	DEV 24	WERE AUTOPSY FINDINGS
12000 007	E soll	115	eauting in	the unders	ing could given i		PERFORMED'		AVAILABLE PRIOR TO COMPLETION OF CAUSE
1000/11/	Tr feel	//\				1 [YES 2	0	OF DEATH?
						—			1 YES 2 NO
25. WAS CASE REFERRED TO M	MEGICAL T			24	PLACE OF GEATH (Check only one!			
EXAMINER?	HOSPITAL:	Eff/Outpatient 3		OTHER:	iome 5 Residence		in/fu)		
27. MANNER OF DEATH	28a. DATE C	F INJURY	28b. TIME	OF 28c.	INJURY AT	T	E HOW INJUR	Y OCCURED	
1 Natural 5 Pe	nding (Month,	Day, Year)	INJUI		WORK? YES 2 NO				
a C autiti	28e. PLACE	OF INJURY — At he	me, farm, str	eet, factory, c	iffice	26f. LOCATION City or Tox	N (Street and No	umber or Rural	Route Number,
	termined	g, area (opoony)				Oily or ion	vii, olelo)		
29a. CERTIFIER (Check only	YING PHYSICIAN: To the beat	of my knowledge, de	ath occurred	at the time, o	data and place, and d	ua to the cause(a)	and manner a	a stated:	
000)	AL EXAMINER: On the basis of	axamination and/or	investigation,	in my opinio	n, death occured at ti	he time, deta and	place, and due	to the cause	(a) and manner as stated.
29b. SIGNATURE AND TITLE O	F CERTIFIER				29c. LICENSE N	UMBER	29d	. DATE SIGNE	D (Month, Day, Year)
(1H 11)	1861				014	758		7/11	50
30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED CA	USE OF DEATH (ITE	M 27) (Type, F		des y	200	219	1	
31. DATE FILED (Month, Day, Yes	32. REGISTI	AR'S SIGNATURE					2-0		•
F.1111 131	1990 John Davi	down Bonds	202						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MARGARE	et C. 1	KRICKHAN	Г		2. DATE OF I	1.2	9 ^{VEAR} 3.	TIME OF DEATH
				F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	OFFTH 22		ACE (State or Foreign YLAND
TOR	90. FACILITY NAME (If not institution, give streets) 967 OAKDALE CIP				R LOCATION OF DE			NNE A	rundel
DIRECTOR	10e. STATE 10b. COUNTY	NE ARUNDE	1 '	MIL.	LERSVIL	LE		10	Dd. INSIDE CITY LIMITS? TES 2 HO
FUNERAL	100. STREET AND NUMBER 967 OAKDALE CIF	RCLE		101	2110	8	10g. CIT	U.S.	AT COUNTRY? A.
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2-12 NO Specify	n, Puerto Ricer	pecify Yas or No n, atc.)	Black, V Specify:	- American Indian, Yhita, atc.
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S U: (Give kind of wo. ilfe. Do NOT use PRODUCT	rk done during mo retired.)	st of working		OF BUSINESS/IN		URING
	17. FATHER'S NAME (First, Middle, Last) HENRY BARRET	rr					le, Meiden Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) EDWARD B. KRICK	KHAN JR.			nnd Number or Rural I				. 21108
	20e. METHOD OF DISPOSITION Burial 2 Cremation 3 Remote 4 Donation 5 Other (specify)	val from State GI	PLACE OF DISPOSITION OF THE PROPERTY OF THE PR	N MEMO	RIAL PA		20c. LOCATION GLEN		
	21. SIGNATURE OF FUNDAM SERVICE LICE	J. Kou	fmans	RAYMO	ND C. E CRAIN HV	INK I	FUNERAL	HOME	21061 E,MD.
	23. PART I. Enter the diseases, or co shock, or heart felluly L IMMEDIATE CAUSE (Final	omplications that caused let only one cause on a	the death. Do no	1	W		or reapiratory a	rreat,	Approximata interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	ST C	mar				Yrs
ATION	Sequentially list conditions, if any, leading to immediata causa. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						<u> </u>
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
DICAL CE	PART II. Other algolificant conditions	contributing to death b	ut not resulting in	tha undarlyin	g cause given in		e. WAS AN AUTOPSY PERFORMED?	- A	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI						_ ''	□ YES 2 📉 NO		F DEATH? YES 2 NO N/A
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Outp	patient 3 DOA	OTHER:					
ву Рн	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY M 1 🗆	JURY AT DRK? YES 2 NO		BE HOW INJURY O		
	3 Suicide S Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec		eet, factory, offic	ca .		ON (Street and Numb own, State)	er or Rural Rou	ite Number,
COMPLETED	anal	CIAN: To the best of my know							and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mly			29c. LICENSE NUI	S87	Z 29d. DA	TE SIGNED (A	Month, Pay, Year)
F	PAULE GRAN	4001 902	CATON	frint) AUS	BAT	D.	ms	21	229
	31. DATE FILED (MORTY, Day, Year) 199	O Julia Davids	~ Randell						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xmoons after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

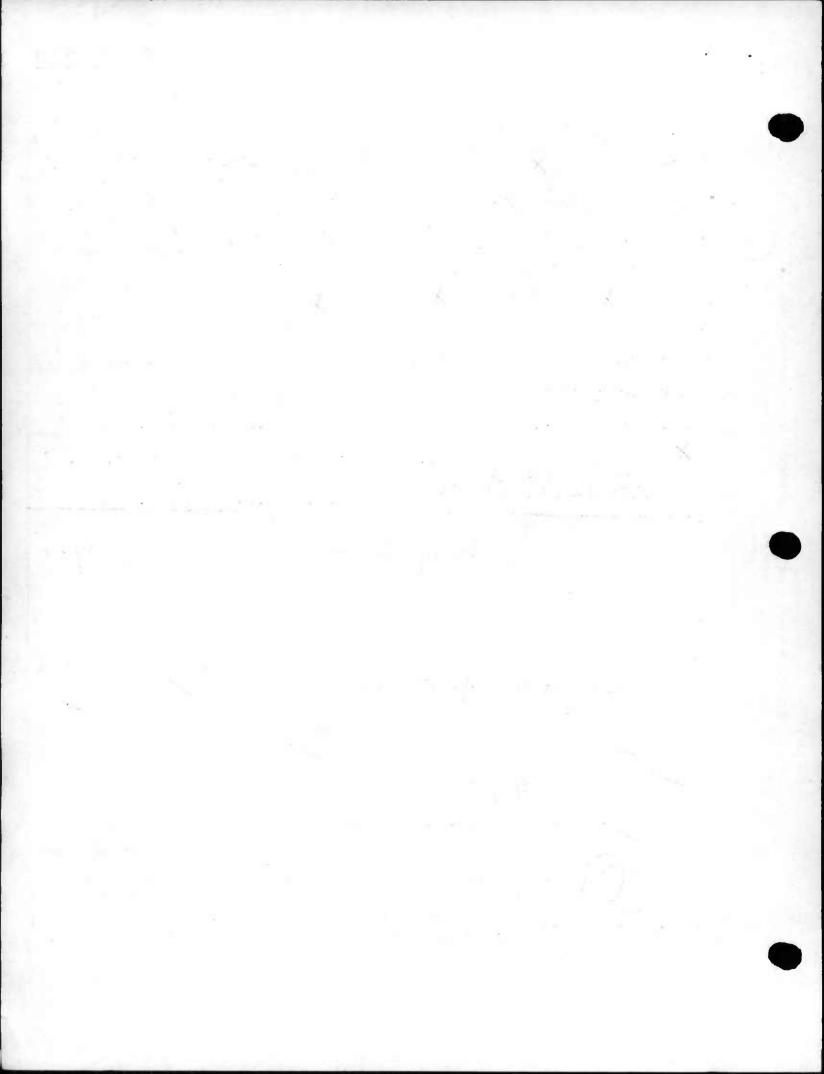
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

L DIRECTOR
BY FUNERAL
COMPLETED
TO BE

11	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIE		
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ì	ROBERT H KRONEBER	RGER					DAY YE 07 90	915 P M
	4. SOCIAL SECURITY NUMBER		n yrs. leat birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	la I	SIRTHPLACE (State or Foreign
	215-09-9546	122	76 YRS.	ONTHS DAYS	HOURS MIN.	04 II	14 Sc. COUNTY	MARYLAND
DIRECTOR	NORTH ARUNDEL HOSPITAL RESIDENCE OF DECEDENT			GLEN BURN			ANNE AF	1000
E E	10e. STATE 10b. COUNTY	1	10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
		NE ARUNDEL			BURNIE		T	1 VES 2 NO
FUNERAL	100. STREET AND NUMBER 6640 WHITMORE	COURT APT	.#165	101.	21061			S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 25 NO NTES	If yes, spe		IC ORIGIN? (Specify) n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use of MEATCI	rk done during mo retired.)			USINESS/INDUST	RY
M	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	WE (First, Middle, Maid	n Surname)	
		RONEBERGER				JKNOWN	in durinario)	
TO BE	19a. INFORMANT'S NAME (Type/Print) BEVERLY L. MEZZ				nd Number or Rural F	loute Number, City or T		21061 BURNIE, MD.
	20a METHOD OF DISPOSITION 1 R Burlel 2 Cremetlon 3 Rem		PLACE OF DISPOSIT				OCATION — City	
	4 Donation 5 Other Specify)	GL GL	EN HAVE				EN BUF	WIE, MD.
	21. SIGNATURE OF PORTING ALTERVICE LIC	ENSEE/	man	RAYMO	DADDRESS OF FAC DND C . I RAIN HV	INK FUN	ERAL H	IOME 21061 JRNIE, MD.
	23. PART I. Enter the diseases of a	complications that caused List only one cause on a	tha death. Do not	t antar tha mo	da of dying, suci	h as cardiac or rea	piratory arrest	, Approximata Interval Batween
	HAMEDIATE CALIGE (E11	a. Con ge DUE TO (OR AS A		leart	Failure			Onset and Daath
	Todatting in dutin,	DUE TO (OR AS A	CONSEQUENCE OF):	P 0.		1		
TION	If any, leading to immediate	b J S C.A.	CONSEQUENCE OF):	anke	my office	9		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C. OUE TO (OR AS A	CONSEQUENCE OF):					
	DART II Other circliffeed condition			ab d b - b -	t t-	5-41 Las 100		
DICAL	PART II. Other algnificant condition Re ma	I Failer		the underlyin	cause given in	PERF	AN AUTOPSY ORMED? 2 M NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC						_		1 \square yes 2 \square no N/A
ä	25. WAS CASE REFERRED TO MEDICAL							N/A
[]	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
₹ ¥	27. MANNER QE DEATH	28e. DATE OF INJURY	28b. TIME		e 5 Residence	8 ☐ Other (Specify) 28d. DE\$CRIBE HO	V INJURY OCCUR	FD
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY WC	PRK? YES 2 NO			
red BY	2 Accident 3 Suicide a Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec		eet, factory, offic	•	28f. LOCATION (Stre City or Town, Str	et and Number or : ite)	Rurel Route Number,
COMPLETED	[Critical Orley	ICIAN: To the best of my know ER: On the best of exemination						euse(e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R A			29c, LICENSE NUI	ABER	29d. DATE S	IGNED (Morgh, Day, Year)
) BE	Consider	Com	n, m.	0	2	8 4	> 7	17/40
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)				
	DR.J. P. FORMAN, M.D.	7010 RITCHIE I	HIGHWAY GLE	EN BURNIE	, MD 2106	1		
	31. DATE FILED (Month, Day, Year)	12 REGISTRAR'S SIGN						

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ath. F	neral		E
des	10	_:	exa
after	y th	DOVA	cai
5	u p	9	P
DOL	20	0.	E
4.7	III	Dion	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
be	COL	lai,	6
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9	an	r to	Ē
te t	Sici	prio	5
fica	4	90	he
Sert	ling	ygie	6
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF					MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Charles Wayne	Koerner						2. DATE	e of death	199	0 ⁿ 3	TIME OF DEATH 7 P M
	4. SOCIAL SECURITY NUMBER 218-40-7064	1 M 2 🗆 F 4	n yrs. last birthday) 7 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. WIN.	7. DATE (Mon	OF BIRTH th. Day. Year) 7 - 1943	Ba Ba	BIRTHPL Country)	ACE (State or Foreign MORE CO.
5	99. FACILITY NAME (If not institution, give s 2315 Harvey Gumme				PSte	ead	ON OF DE	ATH		9c. COUNTY		тн
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE Md. Ca	rroll		Hamp			2	107	14			0d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 2315 Harvey Gumme		1	, amp		ZIP CODE	E	074	,			AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 XNO ATES			clf Cuba		1, Puerto	IN? (Specify Yes Rican, etc.)		RACE	- American Indian, White, etc. White
COMPLETED	16. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 10th grade	ICATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT	work done (during mo	N st of workin	eg		S. KIND OF BUS			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Clarence Koerne	er					HER'S NAI		Middle, Meiden S	Surname)		
TO B	196. INFORMANT'S NAME (Type/Print) Mrs. Nancy Koer	ner							onber, City or Town ampstea			074
	28e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 1 Donetion 5 Other (Specify)	noval from State	anches	ter	ceni	eter	natory or			ation – City		, ind.
	21. SIGNATURE OF POWERAL SERVICE LIN	CENSEE ELL	ie			Mai			Eline F ampstea			
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. List only one ceuse on e		Can	the mo	de of dy	ing, auci	n as ce	rdiec or reepi	ratory errest	,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE (
PHYSICIAN: MEDICAL (PART II. Other significant condition	ns contributing to deeth b	eart not resulting	in the ur	-	ouse g	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	0	VERE AUTOPSY FINDINGS INALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHE	R:	ACE OF O	1		one) net (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. Ti	1	28c. INJ WC				EŞCRIBE HOW II	NJURY OCCUP	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	' A1 home, farm cffy)	street, fac	tory, offic	•			CATION (Street a by or Town, State)	and Number or	Rural Ro	ute Number,
COMPLETED	CONSON ONLY	SICIAN: To the best of my know ER: On the besie of axaminatio									:ause(e)	end menner as stated.
TO BE C	286. SIGNATURE AND TITLE OF CENTIFIE	~ ~	>			29c. LIC	S3	ABER	5	29d. DATE 8	IGHED (Month, Day, Year)
Ĭ	30. NAME AND ADDRESS OF PERSON WI	Robber	2111	Na	~=1	w	P.Y	e.	Mar	mpste	1	ng siary
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGN	Hason-Ran	delle								



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S	he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or tem 23 shows any injury or other fraumatic event the modical symmetre must be notified at
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1. DECEDENT'S NAME (First, Middle, Last)		JE		CATE OF	JEAIII	1.	REG. N	J.		2 70	ME OF OEATH
Ruth Viola							MONTH	DAY	YEAR		120 -
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last	e bletholms)	IF UNDER 1 YEAR	IF UNDER 24 HI	_	DATE OF BIRTH	7 1	990	_	(State or Foreign
	1 M 2 X F		YRS.	MONTHS DAYS	HOURS MI	y.	(Month, Day, Year)		Cou	intry)	State or Poreign
217-36-3476 D 9e. FACILITY NAME (If not institution, give		85	11101	9b. CITY, TOWN	DD I DOATION O		06/20/1		UNTY OF	VID_	
							-				
Westminster Nu	rsing Ho	me		West	minste	r			arı	col	
10a. STATE 10b. COUNT	TY		10c. CITY	, TOWN OR LOCA	TION						INSIDE CITY
MD Ca	rroll			Westr	ninste	r					YES 2 NO
10e. STREET AND NUMBER					r. ZIP CODE			10g. Cl	TIZEN O	F WNAT (COUNTRY?
225 Stone Road					2115	57		T	LS.		
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED		ENDENT OF HI	SPANIC	ORIGIN? (Specify)		14. RA	VCE Ar	mericen Indien,
1 Never Merried 2 Merried	FORCES? 1 I		10		ecify Cuban, Me 2 X NO S		Puerto Rican, etc.)			ack, White	e, atc.
3X Widowed 4 Divorced					24					Whit	ce
15. DECEDENT'S EDU (Specify only highest grad		16a. DE0	CEDENT'S	USUAL OCCUPATION	ON ost of working		16b. KIND OF B	USINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)							
		Ho	ouse	wife			n/a				
17. FATHER'S NAME (First, Middle, Last)	N F-B				18. MOTHER	NAME	(First, Middle, Meide	n Surname)			
David Warehime							Myerly				
19e. INFORMANT'S NAME (Type/Print)	Mark For						rte Number, City or To				TI LACE IN
David F. Wareh	ime		1113	Stone	Rd.,	We	stmins	ter,	Md	21	157
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ren	noval from State	20b. PLACE (OF DISPOS	ITION (Name of ce.	metery, crematory	OF	20c. l	OCATION -	- City or	Town, St	tate
4 Donation 5 Other (Specify)		Pleas	sant	Valle				easa	ant	Val	lev. M
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Pleas	sant	22. NAME A	ND ACCRESS O	F FACIL	ITY				ley, M
21. SIGNATURE OF FUNERAL SERVICE L			sant	Prit	nd accress o	FFACIL	al Home	& C	h ap	el	
21. SIGNATURE OF FUNERAL SERVICE LI Robert K.	Pritts,	Sr.		Prit	nd Accoress of ts Fur Vashir	era era	al Home	& C	h ap	el	er. MD
21. SIGNATURE OF FUNERAL SERVICE LI Robert K. 23. PART I. Enter the diseases, or shock, or heart failure.	Pritts,	Sr.	eath. Do n	Prit	nd Accoress of ts Fur Vashir	era era	al Home	& C	h ap	el	Approximata Interval Between
21. SIGNATURE OF FUNERAL SERVICE LI Robert K. 23. PART I. Enter the diseases, or	Pritts, complications that c	Sr.	eath. Do n	22. NAME A Prit	ND ACCRESS O LS Fur Vashir ode of dylng,	era era such s	al Home on Rd.	& C	h ap	el	cer. MD
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LOWHAM, MD 215 WINSTINGTON HETS WESTMINSTER, MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

31. DATE FILED (Month, Day, Year)

JUL 1 2 '90

DHMH-16 Rev 1/89

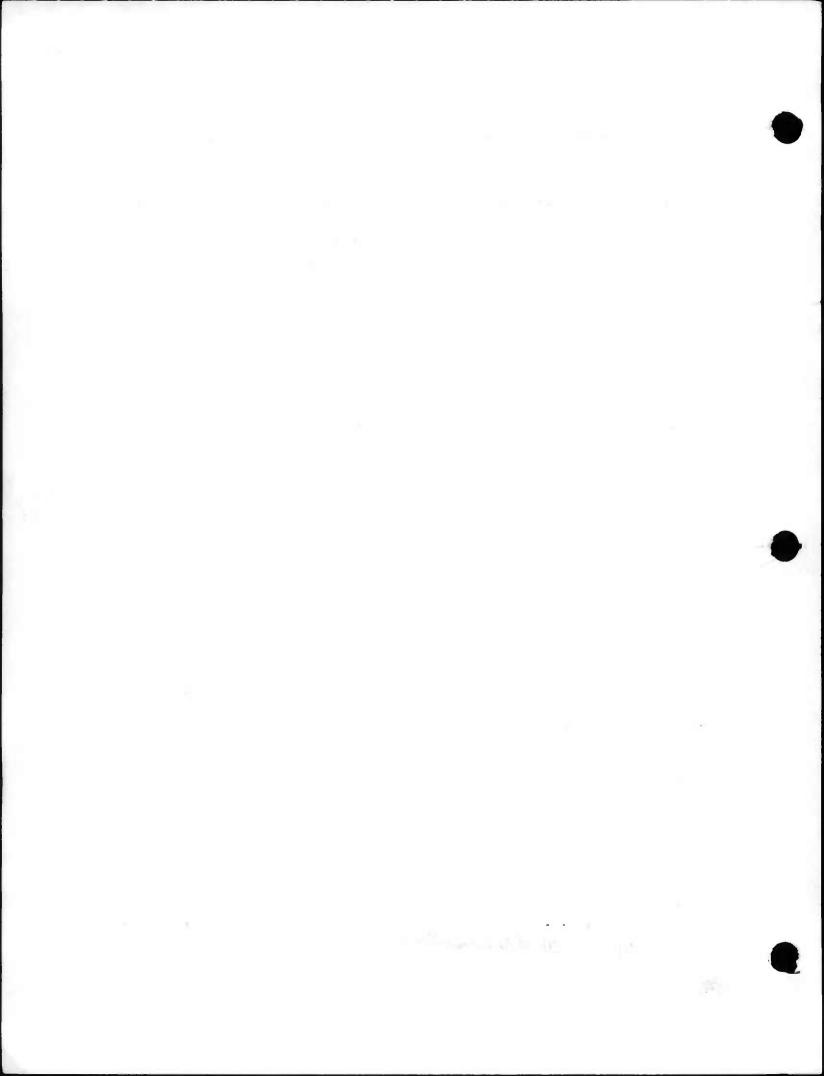
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)		02.1111110	AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	Leonard	Edwa	cđ	Lone	,	July 11,		1015 M		
3	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign		
	579 40 6675		55 YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-8-35		y1and		
NG.	Calvert Memorial		90		Frederi		9c. COUNTY OF			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT				10d. INSIDE CITY		
DIR	Maryland Calve	ert		Leonai				1 TES 2 NO		
RAL	100. STREET AND NUMBER P.O. Box 120				ZIP CODE 20685		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NC ORIGIN? (Specify Yas	or No.— 14. RAG	CE — American Indian.		
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spe	cify Cuban, Maxica 2 X NO Specify	n, Puarlo Rican, atc.)	Bla	ck, White, atc.		
	15, DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S US (Give kind of work	UAL OCCUPATIO	N et of working	16b. KIND OF BUS	I SINESS/INDUSTRY			
, LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Union Car	etired.)	, or norming	Const	ruction			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Control Car	pericer	18. MOTHER'S NA	ME (First, Middle, Maiden				
BE C	John G e dfrey Lo	n g			Annie	Elizabeth	Hagelin			
5	19a. INFORMANT'S NAME (Type/Print) Barbara Long					Route Number, City or Tow ard Maryla		5		
П	20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITION	ON (Name of cen		20c. LO	CATION City or	Town, Stata		
	1 Surial 2 Cremation 3 Remo		Middleham	-			yCalvert	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			d address of fa Broomes	Rausch	Funeral	. Home Republic Maryl		
CERTIFICATION	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, shock, or heer fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease) or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL	PART II. Other significent condition (1) Hyperfe (2) Liebeke (3) SIPCOBK	es contributing to deeth ensive enell, s. ev	Heart	He underlying	ceuse given in	Part I. 24e. WAS AN PERFOI	MED?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26, PL	ACE OF OEATH (Ch	eck only one)				
IYS	1 Tes 2 No	19 Inpatient 2 ER/Our 28a. DATE OF INJURY				8 Other (Specify) 28d. OESCRIBE HOW	N HIRV COCURED			
BY P	1 Netural 5 Pending	(Month, Day, Year)		Y WO	RK?	280. DESCRIBE NOW	NJOHT OCCUREO			
ETED B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, stre	et, factory, offic	•	28f. LOCATION (Street City or Town, State)	and Number or Rura	l Route Number,		
IPLET	(Orlock of h)	ICIAN: To the best of my kno								
COMPL	2 MEDICAL EXAMINE	R: On the besia of examinati	on and/or investigation, i	In my opinion, d						
BE	29b. SIGNATURE AND TITLE OF CERTIFIES		n.D. 6.	A.C.C	29c. LICENSE NU	MBER 2634	4.0	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM 27) (Type, Pri	int)	Des !	m. 3 1 1	34 -			
1	Mahesh Shah, M. 31. DATE FILEO (Month, Day, Ybar)		NATURE 10 1.00		Prince	Frederic	, Maryl	and		
	1111 1 2 19	90 Julia Dave	NATURE Mandell							



3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

FOR

1 -

STATE REGISTRAR

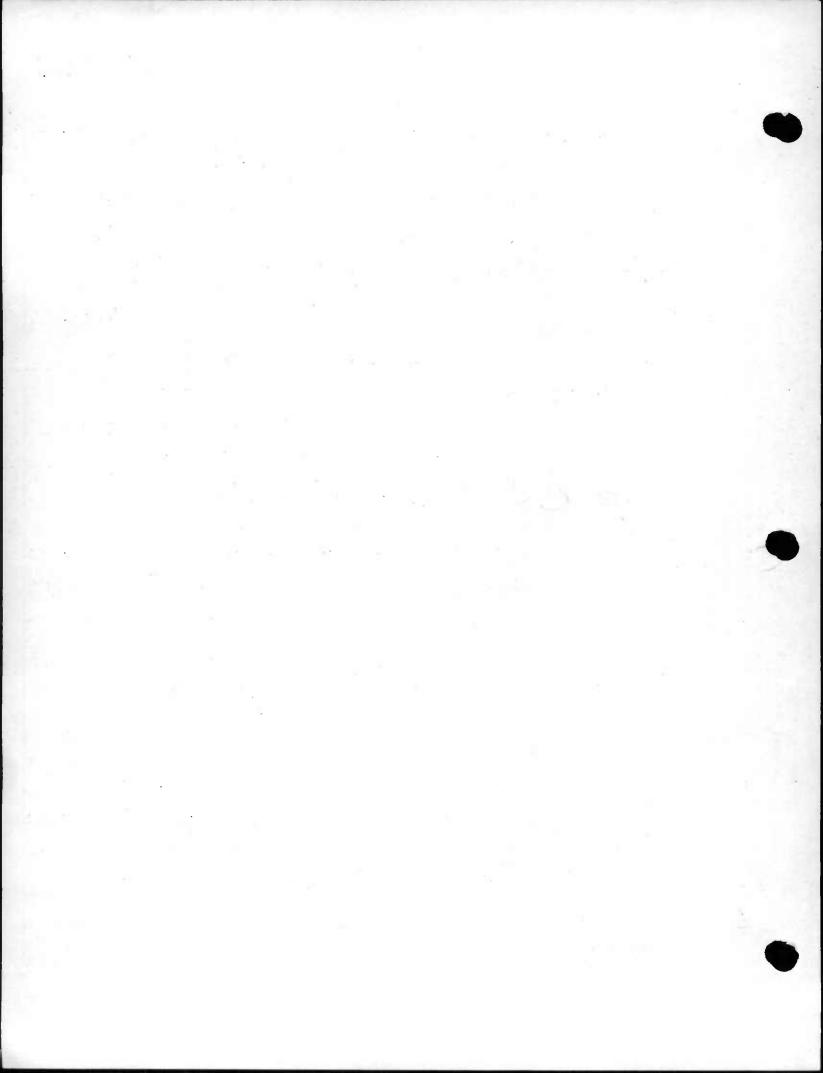
DECEDENT'S NAME (First, Middle, Last)

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45pm Helen Lewis rene 90 7. DATE OF BIRTH
May 23, 1898 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Washington, DC 1 M 2 DF 213-40-9459 Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institut 9b. CITY, TOWN OR LOCATION OF DEATH WASHINGTON Montgonery MOS VITAI DIRECTOR 10b. COUNTY 10c, CITY, TOWN OR LOCATION IOd. INSIDE CITY Mont prin Om 1 FES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 103 20903 STIAL USA use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Maxicon, Puerto Ricon, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Marrie IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY city only highe US Govt for College (1-4 or 5+) Stenographer Veterans Hospital detached once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Leat) Charles F. Helm Mary A. Hickman funeral director, page 5 should be Ħ BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 John E. Lewis, Jr. 10300 Sweetbriar Parkway, Sil. Spr. Md. be 20e, METHOD OF DISPOSITION
1 🖰 Burlel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donetion 6 🗀 Other (Specify) 200. PLACE OF DISPOSITION (Name of cemetery, cremetory or 28c. LOCATION — City or Town, State must Fort Lincoln Cemetery Brentwood, Md. examiner 21 SIGNATURE OF FUNERAL SERVICE MACHINE ²² Hame and address of Facility Hines/Rinaldi Funeral Home 11800 N.H. Ave., Sil. Spr. Md. 20904 signed by the attending physician and completely filled in by the Health and Mental Hyglene prior to burial, cremation, or removal. medicai 23. PART I. Entar tha diseases, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, Approximata ahock. Dr heart failure. List only ons ceuse on each lins. interval Between Onset and Death IMMEDIATE CAUSE (Finel the disease or condition resulting in daeth) v/monany within 2 event, DUE TO (OR AS A CONSEQUENCE OF): executed ven or other traumatic PHYSICIAN: MEDICAL CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING 20 law requires that the death certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST shows any injury, PART IJ. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 ONO 1 | YES 2 | NO bept. of H 25. WAS CASE REFERRED TO MEDICAL item ; 26. PLACE OF DEATH (Check only one) The the State L r this certificate h h with the State **EXAMINER?** HOSPITAL:
1 Anpatient 2 ER/Outpatient 3 DOA OTHER: TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) HOSPITAL OR ATTENDING PHYSICIAN: 10 27. MANNER OF DEATH DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY, OCCURED 28b. TIME OF is marked, Natural 1 YES 2 NO 2 90 ZA DIRECTOR: After the hours after death w BY 2 Accident PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) LOCATION (Stre 3 Suicide 6 Could not be COMPLETED 28 4 Homicide HOME item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the THE FUNERAL OF IMPORTANT: If 2 MEDICAL EXAMINER: On the besie 29d. DATE SIGNED (Month, Day, Year) BE Saum 90 223 2 2 405 Uny 32, REGISTRAR'S SIGNATURE Lulia Davidson DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATI	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPA CERTII					ENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Le- Bruno John						1	JULY 3	19	YEAR 90	3. TIME OF DEATH 21:52 P M		
	4. SOCIAL SECURITY NUMBER 578-38-9149	MOUTUR DAMP LIAMER AND							7. DATE OF BIRTH (Month, Dey, Year) AUG 26,1910 West Virgini				
5	Shady Grove Adv		ital		v, town o	R LOCATION	OF DEAT	<u> </u>					
DINECTOR		106. COUNTY 106. CITY, TOWN OR LOCATION Gaithersburg							10d. INSIDE CITY LIMITS? 1				
ONEDAL	10e. STREET AND NUMBER										what country?		
10	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	13	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 □ YES 2 NO Specify: 12. YES 2 NO Specify:										
רבובה	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12) 1.2							16b. KIND OF BUS		ESS/INDUSTRY			
BE COMPLEI	17. FATHER'S NAME (First, Middle, Lest) Antonio Lazzar	i	Admini	18. MOTHER'S NAM					nt U.S. Commerce Department MME (First, Middle, Melden Surneme) a Ferrari				
2	19a. INFORMANT'S NAME (Type/Print) Audrey D. Lazzar	The second secon	1004	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow 1004 Stedwick Road #102 Gaither					sburg, Maryland 20879				
	20s. METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	A CONTRACTOR OF THE CONTRACTOR	20b. PLACE OF DISP other place) Resurrec	tion	Ceme	tery				Mar	yland		
	· #500	jagan				10 Ea Gaith	st I ersl	Deer Park burg, Mar	Driv yland	e 208	377		
	23. PART I. Enter the diseases, of shock, or haart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List pnly ona cause o	n aach line.		an the mo	an or dying), such	as cardiac or resp	ratory an	1001,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Cauchis afroid Strack DUE TO (OR AS A CONSEQUENCE OF): Carching afroid Strack OUE TO (OR AS A CONSEQUENCE OF): d												
MEDICAL	PART II. Other algoriticant condit	iona contributing to deal	th but not resultin	ut not resulting in the underlying cause given in Part I.					AUTOPSY RMED? 2 X NO	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHI	ER:	ACE OF DEA		ck only one)					
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJU (Month, Day, Ye	PRY 26b. 1	TIME OF INJURY M	WC	URY AT ORK? YES 2		28d. OESCRIBE HOW	INJURY OC	CURED			
בה	3 Suicide 6 Could not 6 Homicide determined	28e. PLACE OF INJ	IURY — At home, farm (Specify)	n, street, fa	ictory, offic	4		281. LOCATION (Street City or Town, State	and Numbe)	r or Rural	Route Number,		
COMPLE	(Crieck Drifty	IYSICIAN: To the best of my k									(a) and manner as stated.		
0 20 0	29b, SIGNATURE AND TITLE OF CERTIF	~~~ <u>,</u>			<u></u>	29c. LICEN	497	BER	29d, DAT	TE SIGNE	O (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	2(E) MAN 32. REGISTRAR'S	15225		SIMO	Y	GRU	ive Rd	2 /	Fo	ekville		
	JUI 06 '91		Tride &	1.00									

15.+1

3. TIME OF DEATH

11:40

6. BIRTHPLACE (State of Paris

Ам

1990 YEAR

DAY 6,

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4 SOCIAL SECURITY NUMBER

Olwyn Davis Lundell

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T	Meion
J	0
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HTAL OD ATTENDING DUVCICIAN. The law remittee that the death certificate he executed within
\(\times\)	V
5	00
	HTAI

Aug. 31, 1910 Virginia 578-36-2696 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 96 CITY TOWN OR LOCATION OF DEATH DIRECTOR Holy Cross Hospital Montgomery Silver Spring 10a STATE 10h COUNT 10c. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring 1 YES 2X NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20901 should be detached for use as the burial-transit 10030 Brunett Avenue United States the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, Whita, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or Noif yes, specify Cuban, Maxican, Punto Rican, etc.) 1 Never Married 2 Married YES, GIVE WAR OR DATES 1 YES 2 NO Specify B 3 X Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) COMPLET Supreme Council Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Clerk of Masons 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, notified at à Henry Cleveland Jarrell Virginia Davis BE Page 6 may be retained 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 page 5 s Jeane Beschenbossel 1604 Governor Bridge Road, Davidsonville, MD 21035 pe 20a METHOD OF DISPOSITION
1 ABurial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION --- City or Town, State must director, Fort Lincoln Cemetery 4 Donation 5 Other (Specify) Brentwood, Maryland 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc. 7557 Wisconsin
Avenue, Bethesda, Maryland 20814-3501 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00381 the funeral nours after death. Barbara Jomemullen Laurence medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, filled in by **Approximete** shock, or heart failure. List only one cause on each line. UKDETELNING, 0 **Onset and Death** IMMEDIATE CAUSE (Final completely filled rial, cremation, c the DUE TO diseese or condition 30/14 ORENANISM resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) to burial, ULITES CERTIFICATION and Sequentially list conditions, if eny, leading to immediate DUE TO JOB AS A CONSEQUENCE OF attending physician nal Hygiene prior to . Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST signed by the atter Health and Mental Injury, PART ii, Other eignificant conditions contributing to death but not resulting in the upderlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL DISCETUINATION AVAILABLE PRIOR TO COMPLETION DF CAUSE 23 shows any NO DF DEATH? PLEULA 1 YES 2 NO has been Dept. of I COND NATIO PHYSICIAN: 25. WAS CASE REFERDED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) Item State certificate HOSPITAL: OTHER: int 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 the 27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, with 1 Natural
2 Accident 5 Pending 1 YES 2 NO After the B 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 6 Could not be ETED DIRECTOR: hours after 4 Homicide 28 Hem 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL FUNERAL within 72 h = TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: It (2490 M 296 LICENSE NUMBER 29d, DATE SIGNED (Mr. Desc Hear BE PHYSCELL 2 WHO COMPLETED CAUS SKUEZ BORRA 0 5 Day. 31, DATE FILED (M '90 who Davidson Randoll JUL 09 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

6. AGE (In was last birthday)

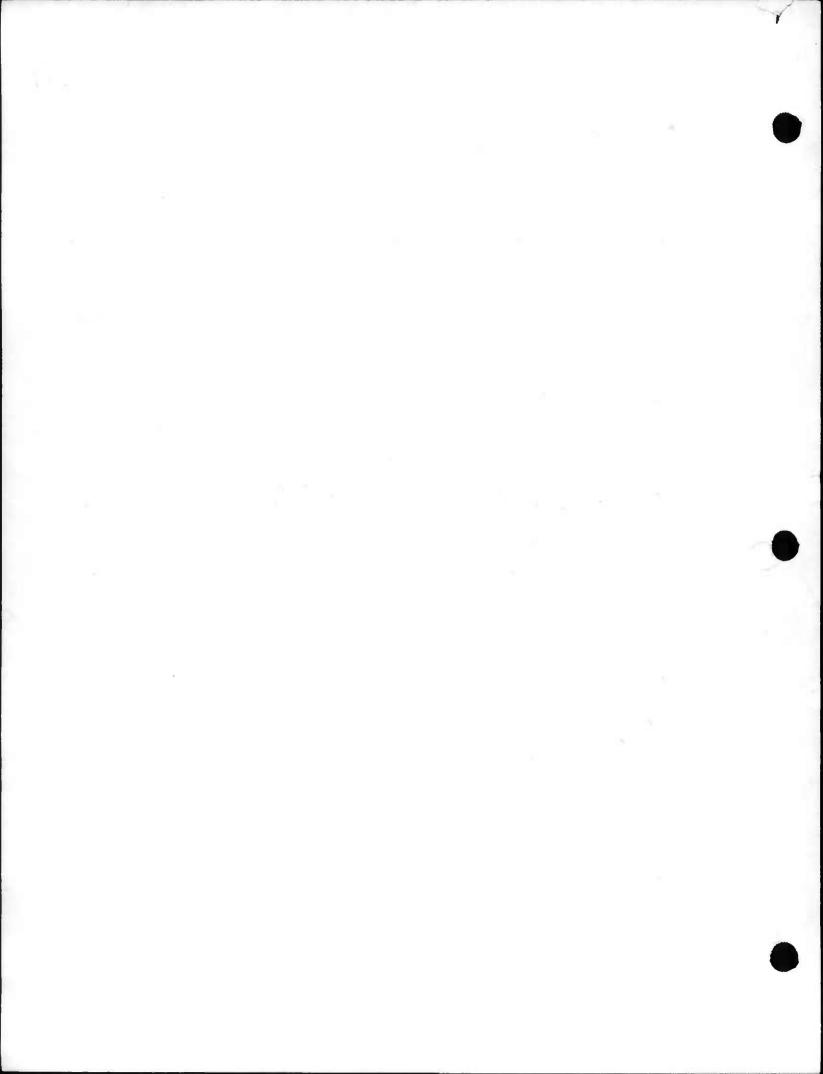
VRS

79

2. DATE OF DEATH

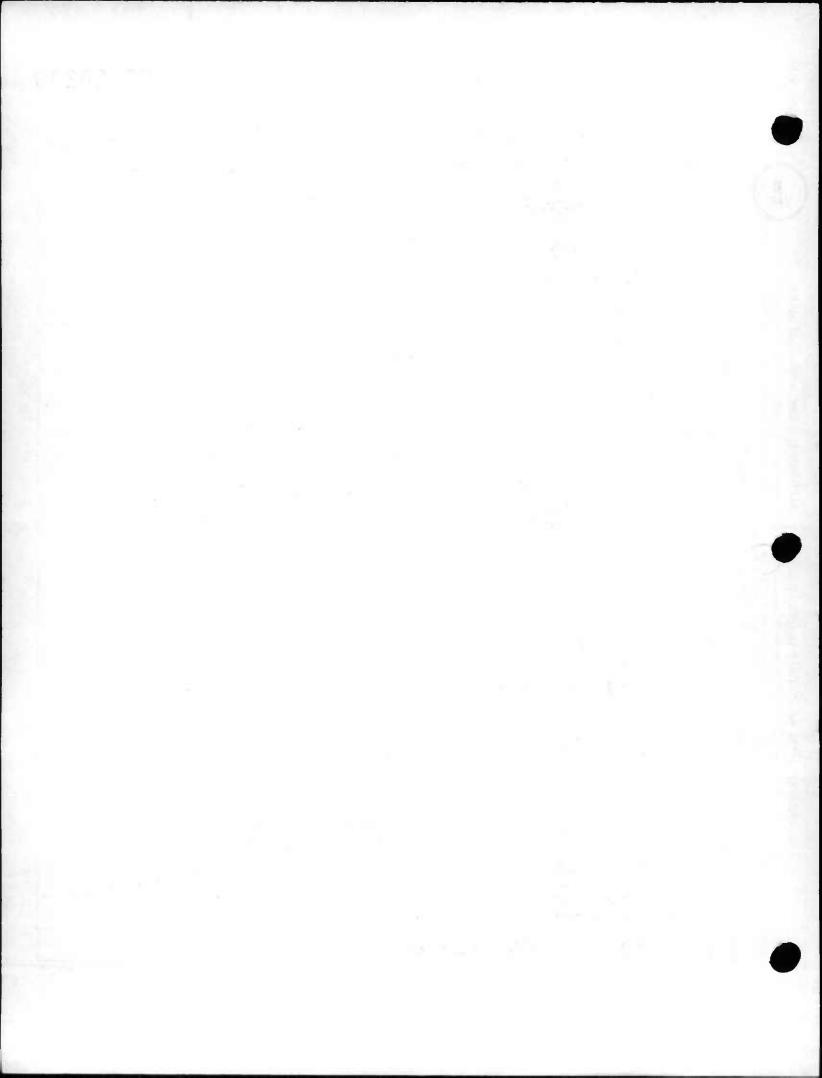
7. DATE OF BIRTH

July



	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First	Middle Last)			<u>OLITTI</u>	TOATT		DLA	1	2. DATE OF DEATH	J		3. TIME OF DEATH	
		Elizabet	h Long							DAY 3	1990	9:00 A	
4. SOCIAL SECURITY NUMBER					IF UNDER 1 YEAR			3		PLACE (State or Foreign			
213 10 5641			84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 5-24-19(16	Mar	yland	
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DEA			INTY OF DE		
Doode				Bo	onsbo	200		Mack	ningt	on			
RESIDENCE OF DEC	IIIIe					710		Inasi	THISC	011			
10a. STATE	10b. COUNTY	Y		10c. CITY, TOWN OR LOC			TION					10d. INSIDE CITY LIMITS?	
MD.		ngton		Hancock			3			1 [X YES 2		1 X YES 2 NO	
10e. STREET AND NUMBER				EVER IN U.S. ARMED 13. WAS DE				10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
7 Church S	treet							21750 S DECENDENT OF HISPANIC ORIGIN? (Specifies, specify Cuban, Maxican, Puerto Rican, atc.		USA			
11, MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	TEVER IN U.S									- American Indian, White, etc.	
3 X Widowed 4 Dive		IF YES, GIVE Y	MAR OR DATES	OR DATES 1 TYE			YES 2 NO Specify:			Specify: White			
15. DEC	CEDENT'S EDU	CATION	18e	. DECEDENT'S	S USUAL O	CCUPATI	ON		16b, KIND OF B	USINESS/IN		.e	
(Specify on	y highest grade			(Give kind of life. Do NOT u	work done	during m	ost of worki	ng	loc kills or a	031112337111	DOSTAT		
Elementary/Secondery (1-12)	College (1-4 or 8	+)	Seamst	ress				Garme	nt			
17. FATHER'S NAME (First, N					-		18. MOT	HER'S NAM	E (First, Middle, Maid	n Sumame)			
Howard Hes	S						В	essie	E. Bear	d			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRES	S (Street	and Numbe	r or Rural Ro	oute Number, City or To	wn, State, Z	ip Code)		
Margaret R.	Welle	er							ck, Mary		2175	60	
20a. METHOD OF DISPOSIT			20b. PL	ACE OF DISPO	SITION (N	ame of ce	metery, crei	metory or			- City or Tov		
1 □NBurial 2 □ Cremation 4 □ Donation 8 □ Other		ioval from State	_ Reĥ	obeth	Meth	odis	st		Me	rcers	burg,	Pa.	
21. SIGNATURE OF FUNERA	IL SERVICE LIC	CENSEE L						SS OF FACI					
F1).0	1	> IT			G	FOVE	FM	eral,	Home	ck. M	id.		
23. PART I. Enter the d	language, or a	complications the	at caused the	death Do						-		Approximata	
ahock, or h	aart failure.	bist only one ca	use on aach	lina.			,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Interval Between	
IMMEDIATE CAUSE (Findisease or condition	nal					0	0.		~ ^ /			Onset and Deel	
resulting in death)	→	O. DUE TO	OR AS A COI	USEQUENCE (DA.	< P		<u> </u>	ailun			6 mans	
	_		()		. ,.							j	
Sequentially list condit If any, leading to imme		b DUE TO	OR AS A COL	NSEQUENCE C	DF):							+	
cause. Enter UNDERLY	ING												
CAUSE (Disease or Injuthat Initiated events		DUE TO	OR AS A CO	NSEQUENCE (OF):								
resulting in death) LAS	ST .	d										_	
PART II. Other eignifica	ent condition	ne contributing to	death but n	ot resulting	In the u	nderivir	on cause	given in P	Part I 24e WAS	IN AUTOPSY	24b	WERE AUTOPSY FINDING:	
	3 cm		1	VO			.9 00000	9.1011111	PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
- 21	2011)	1 13 11		V 2					1 _ YES	2 110		OF DEATH?	
						_			-			1 YES 2 NO	
25. WAS CASE REFERRED 1	MEDICAL	r			_	04.5	ACE OF I	DEATH (Char	1				
EXAMINER?	O MEDICAL	HOSPITAL:			OTHE	B:		DEATH (Chec					
27. MANNER OF DEATH	-	1 Inpatient 2	100000000000000000000000000000000000000	28b. Til	_		JURY AT		28d. DESCRIBE HON	IN HIEV O	CCLIBED		
_ /	Pending		Day, Year)		JURY	W	ORK?		and Describe No.	atoon, o	COUNTED		
2 Accident	investigation	28e. PLACE	OF INJURY /	At home, farm.	street, fac				28f. LOCATION (Stre	and Numb	er or Rural B	oute Number	
3 Suicide 8 4 Homtoide	Could not be determined	building	, atc. (Specify)	, , , , , , , , , , , , , , , , , , , ,		,,	-	- 1	City or Town, Sta	to)			
29a. CERTIFIER	TIEVING TIME	ACIANI, To Man	dament and a	44									
(Check only									o the cause(a) and n			and manner as stated.	
			- Authorit and	DOI INVESTIGATE	ion, an my	opinion,							
29b. SIGNATURE AND TITLE OF CERTIFIER								ENSE NUM				(Month, Day, Year)	
	,			1277		י מ	000	7		7.3~	- (0		
30. NAME AND ADDRESS O			JSE OF DEATH	(ITEM 27) (Typ	e, Print)	5-	- 1	IACA	ERSTOWN	1 . ~	(p) =	21740	
					.,			to be be		-			
JUL 1 2		32. REGISTR	Davidson	30									
JUL 1 C	JU	Juna	www.doov	-yandel	KA.								



1. M E CULLOUSE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

N. M (Cullough 20) E University PKW

32 feets This illustration date

	1. DECEDENT'S NAME (First, Middle, L.	est)		CERTIF	ICATI		DLA		2. DATE	OF DEATH			TIME OF DEATH
	Helen	M Lapla	nche	•					MONT	67	"13"	90	3:00 A
	4. SOCIAL SECURITY NUMBER 219-38-5250	5. SEX 1 [] M 2 F	6. AGE (In yrs. lest birthday) 3 YRS.	MONTHS	DAYS	#F UNDER	MIN.	7. DATE	OF BIRTH	06 h	SURTHPL Country)	eville, Va.
	9s. FACILITY NAME (If not institution, g	ive street and number)			96. CITY	r, TOWN (R LOCATI	ON OF DE			9c. COUNT		
8	Union Memorial				Ва	ltim	ore,	City	Į.				
닯	RESIDENCE OF DECEDENT 10e, STATE 10b, CO			10c. Ci	TY. TOWN	OR LOCAT	ION					Lie	Dd. INSIDE CITY
DIRECTOR	Md.	Carroll			West	mini	ster					1	VES 2 NO
	10e. STREET AND NUMBER					101. ZIP CODE 10g. CITIZEN OF USA				N OF WH	AT COUNTRY?		
FUNERAL	410 Poole Road	Apt.#Al								SA			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 NO	13.	WAS DEC If yes, sp 1 — YES	ocity Cub	en, Maxice	Msxicen, Puerto Rican, etc.) Black, Whi				- American Indian, White, etc. White
9	15. DECEDENT'S	EDUCATION		16a. DECEDENT	S USUAL C	CCUPATIO	ON		16b	. KIND OF BU	SINESS/INDUS	STRY	
COMPLET	(Specify only highest of Elementary/Secondary (0-12) 6th grade	College (1-4 or 5	i +)	(Give kind of life. Do NOT House	use retired.)		st of world	ing					
ш	17. FATHER'S NAME (First, Middle, Last James Fisher)			16. MOTHER'S NAME (First, Middle, Malden Surname) Clara Seagle				Sumame)	ne)			
0 8	196, INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State									
-	Mr. Robert LaPl	ancne			410 Poole Rd., Apt. #A1, Westminister								
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 1 C Donation 6 Other (Specify)	Removal from Stats	206	LOUGON F	ark	ceme	notory, cro tery	20c. LOCATION — City or Town Baltimore Cit					
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE)	ElL	ne					S OF FACILITY Eline Funeral Horn St., Hampstead, Md. 210				
	23. PART I. Entar tha diseasea, shock, or heart falli IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. ASDU	VOLO	ach line.	UM OF):	ince		/ing, suc	h ss csr	diac or reap	iretory srre	st,	Approximate Interval Betwe Onset and Dec
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	С		A CONSEQUENCE		sls_							
MEDICAL C	PART II. Other significent cond	itions contributing	to deeth t	out not resulting	in the u	inderlyin	g cause	given in	Part i.	24a. WAS APPERFO	RMEO2	8	VERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDIC	u. T				26. P	LACE OF	DEATH (Ch	eck only o	ne)		<u>.</u>	
SICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Out	patient 3 🗆 DOA	OTHE	A:		Residence					
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigat	26s. DATE ((Month,		26b. T	IME OF NJURY M	28c. IN	JURY AT ORK? YES 2			SCRIBE HOW	INJURY OCCU	JRED	
ED	3 Suicide a Could no determine	t be buildin	OF INJURY g, stc. (Spe	Y — At home, farm	, street, fa	ctory, offi	CO			CATION (Street or Town, State		r Rural Ro	ute Number,
ш	29a. CERTIFIER 1 CERTIFYING	NG PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner.											
COMPLET	(Critick Orlly A	MINER: On the basis of	sxaminatio	on and/or investige	tion, in my	opinion,	death occ	ured at the	time, dat	s and placs, e	nd dus to the	csuse(s)	and manner se stated

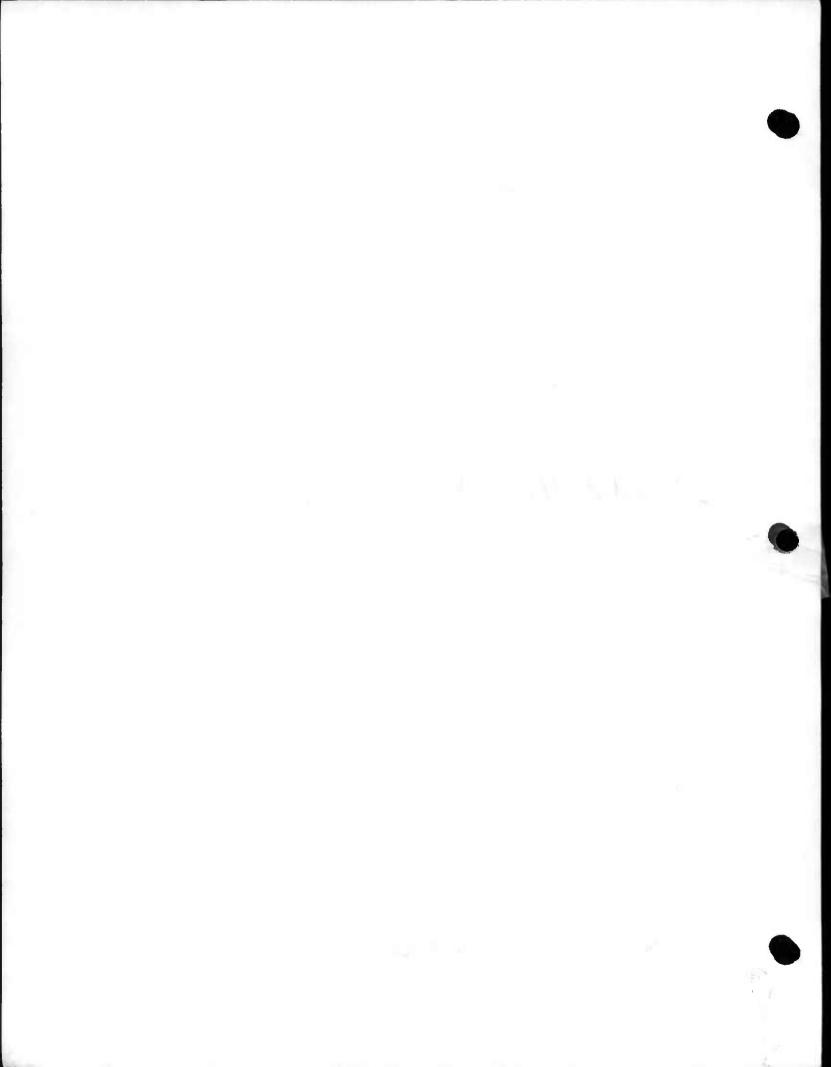
Baltimore

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death curlificate be executed within

	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial,	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic e
2	THE	be filed	IMPOF

	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIE		
	DAVID	DIXON		TAOM	'S		day year 3 90	
		X M 2 □ F 19	YRS. MON		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Sept. 15.	Co	RTHPLACE (State or Foreign unitry) Maryland
TOR	Mc Dade Road			The				ington
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	ngton		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	927 Concord Street				ZIP CODE 21740			OF WHAT COUNTRY?
BY		2. WAS DECEDENT EVER IN U FORCES? 1 Tyes IF YES, GIVE WAR OR DATE	2 NO	If yee, epe	NDENT OF HISPAN	IIC ORIGIN? (Specify Y n, Puerto Ricen, etc.)	'ee or No— 14. R	ACE — American Indian, lileck, White, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondery (0-12) 12 years	ION npleted) College (1-4 or 5+)	Give kind of work life. Do NOT use ret	done during mos	N It of working		usiness/industr	
COM	17. FATHER'S NAME (First, Middle, Last) Theodore Charles	Mosts	bares			ME (First, Middle, Meide	an Surname)	Euction
TO BE	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural I	th A. Bal Poute Number, City or To	own, State, Zip Code,	
	Judith A. Sirbaug	20b. I	PLACE OF DISPOSITIO	N (Name of cen	etery, grematory or	agerstown	, Maryla .ocation — city o	
	1 X Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify) 21. SONATURE OF FUNERAL SERVICE LICEN		ceen Lawn		al Park			ort, Maryland
	23. PART I. Enter the diseases, or con	mulca course that caused to	the death. Do not a	Funera	1 Home	Hag	gerstown	, Maryland
	shock, or heart failure. Lia IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.	t only one cause on aac	injuries		and of dying, suc	ii as caldiac of fee	priatory sirest,	Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in dasth) LAST	OUE TO (OR AS A C						
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions of	contributing to daeth but	t not resulting in th	he undarlying	ceusa givan in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1X YES 2 NO
N.					-			12 125 2 110
SICIA		IOSPITAL:		THER:	ACE OF OEATH (Ch	6 X Other (Specify)	scene	
FH	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year) 7-8-90	28b. TIME OF INJURY 1:20a	WO	DK2	28d. DESCRIBE HOW		at lost contr
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specifi	– At home, farm, stree			281. LOCATION (Street, Street,	et and Number or Ru te)	
COMPLETED	(Oracon oray	N: To the best of my knowle On the basis of examination						use(e) end manner ee stated.
8	296. SIGNATURE AND TITLE OF OUTTINES	Ž-			29c. LICENSE NUI		N.	NED (Month, Day, Year)
٩	Ann M. Dixon,		гн (г тем 27) (Турь, Рля 111 Penn	,			ore, MD 2	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA Fiche Davids	TURE					



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	FOR STATE REGISTRAR
_	_	

	REGISTRAR		CERTII	TOATL	- OF	DLAI	п	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Pauline	E.	Mars					6 2	7	90	10:10 A.M.
	4. SOCIAL SECURITY NUMBER 5. SEX	1	n yrs. lasi birthday,	MONTHS	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea		6. BIRT	HPLACE (State or Foreign try)
	213-16-7920 1° M	2 k F 68	YRS.					12-2-	1921	MAI	RYLAND
	9a. FACILITY NAME (If not institution, give street and no	umber)		9b. CITY,	TOWN (OR LOCATIO	ON OF DE	ATH	9c. CO	UNTY OF	DEATH
DINECTOR	Meridian - The Pi	ridian - The Pines Easton Talb								albo	t
5		OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
										LIMITS?	
	MARYLAND TALBOT 10e. STREET AND NUMBER		E	ASTO					T		1 YES 2 NO
UNERAL					10	1. ZIP CODE					WNAT COUNTRY?
	SWAN HAVEN, BOX						601			U.S.	
2	1 Never Merried 2 Merried FOR	DECEDENT EVER IN CES? 1 TYES	2 7NO	3	If yes, sp	ecify Cuber	n, Maxican	C ORIGIN? (Specific, Puerto Ricen, atc		14. RAC Blac	CE — Americen Indien, ck, White, atc.
5	31 Widowed 4 Divorced	S, GIVE WAR OR DA	TES	1	I TYES	2 K NO	Specify:			Spe	city: LTE
	15. DECEDENT'S EDUCATION	15. DECEDENT'S EDUCATION 188. DECEDENT'S USUAL OCCUPATION 188. KIND OF RUSINESS/INDUST									
	(Specify only highest grade completed	y highest grade completed) (Give kind of work done during most of working								10001111	
4 1		Condary (0-12) College (1-4 or 5+) O HOUSEWIFE									
L	17. FATHER'S NAME (First, Middle, Last)	1	поозь	MILE		10 MOTH	IED'S NAL	RE (First, Middle, Ma	Irlan Sumamal		
۰ ۱	JOHN H. GARDNE	D				1					
2	19a, INFORMANT'S NAME (Type/Print)		105 MAII IA	C ADDRESS	2 /Otmant			RA STA			
2		A 1.37A 37									21.601
	VIRGINIA A. HADDA		PLACE OF DISP	N HA					LOCATION -		21601
	20a. METHOD OF DISPOSITION 6-30-0 1 Burlet 2 Cremetion 3 Removal from 4 Donation 8 Other (Specify)	State	other place)				iatory or				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ARYLAN			ANS ND ADDRES	RS OF FAC	WILLIAM TO THE TANK THE			MARYLAND
					THAME A	ND ADDITE	33 01 1740	NEW	IAM F	UNE	RAL HOME
	JOHN R.	MERCH	ERON	2	00	S. H	IARR	ISON S	r. E	AST	ON, MD.
N	ahock, or heart failure. List Dnly IMMEDIATE CAUSE (Finel disease or condition reculting in deeth) Sequentially list conditions.	DUE TO (OR AS A	CONSEQUENCE	OF):	3 ~	2 7	9	ANCE	2		Interval Between Onset and Death
THE PROPERTY OF THE PROPERTY O	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A							4		
3	PART II. Other significent conditions contril	buting to deeth b	ut not resulting	n the ur	nderfyln	ng cauae d	given in i	Part I. 24a. WA	S AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
5									S 2 NO		AVAILABLE PRIOR TO COMPLETION DF CAUSE
2								_ ¹ · ˈ ˈ ˈ ˈ	S ZOK NO		OF OEATH?
											1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL				00.0	ACE OF D	EATH (Ch	at ant and			
2	EXAMINER? HOSP			OTHE	R:			ock only one)			
TI SICIAN. IN		atlant 2 - ER/Outp		IME OF		JURY AT	eldence	6 Other (Specify 28d, DESCRIBE H	DW/ IN H H ION O	COURED	182
10	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	280. 1	NJURY M	W	ORK?	NO	280. DESCRIBE N	JW INJUNY O	CCORED	
		building, etc. (Spec	— At home, ferm	, street, fac	tory, offi	ca		281. LOCATION (S City or Town,	reet and Numb State)	ber or Rura	l fibute Number,
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the										(e) end manner ee stated.
ם פוני	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPL	Lo DE	ATM STEM OT C	no Orient		29c. LICI	ENSE NUM	122T	29d. D	ATE SIGNE	ED (Month, Day Your)
	STEPHEN P. CARNI	EY, M.D	. DUT	CHMA	NS	LANE	2	EASTON	MD.	216	601
	31. DATE FILED (Month, Day, Year) 32. JUN 29 '90	REGISTRAR'S SIGN	ATURE ATURE	-							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as to filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	or attendi	for use as t		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24mours after death. Page 6 may be retained by ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremagion, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	the hospit	detached	once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 mid within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be in	retained by	5 should by	notified a	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zemodrs after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction within 72 hours after death with the State Dept. of Health and Mental Hygene prior to bunial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner.	6 тау be	ctor, page	must be	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-woulds after (I) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the of filed within 72 hours after death with the State Dept. of Heath and Mental Hyplene prior to bunial, cremation, or removal. MPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical	leath. Page	funeral dire	xaminer	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zamino THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, MPORTIANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	ours after o	d in by the or removal.	medical e	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competed within 72 hours after death with the State Dept. of Health and Mental Hygere prior to bunial, MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic expension.	within 24	rpletely fille cremation,	rent, the	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physici of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prio MPORTIANT: If item 28 is marked, or item 23 shows any injury, or other tra	e executed	an and con r to bunial,	umatic e	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attende fied within 72 hours after death with the State Dept. of Health and Mental HIMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or	certificate b	fing physici ygiene prio	other tra	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health an MPORTANT: If item 28 is marked, or item 23 shows any	the death	y the attend of Mental H	injury, or	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law ra TO THE FUNERAL DIRECTOR: After this certificate has bee of filed within 72 hours after death with the State Dept. or MPORTANT: If item 28 is marked, or item 23 st	quires that	n signed by	nows any	
THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the SI MPORTANT: If Item 28 is marked, or If	The law re	ate has bee tate Dept. o	tem 23 st	
To the Hospital or attending to the Funeral Director: After the Within 72 hours after death MPORTANT: If Item 28 is ma	PHYSICIAN:	this certific with the Si	rked, or il	
to the hospital or a to the funeral direct of fied within 72 hours important: If Item	TTENDING	JOR: After after death	28 is ma	
TO THE HOSE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE FUNE TO THE HOSE TO THE HOSE TO THE HOSE TO THE HOSE TO THE HOSE TO THE HOSE TO THE HOSE TO THE HOSE TO THE HOSE TO THE HOSE TO THE FUNE TO THE	TAL OR A	RAL DIRECT	r. if item	
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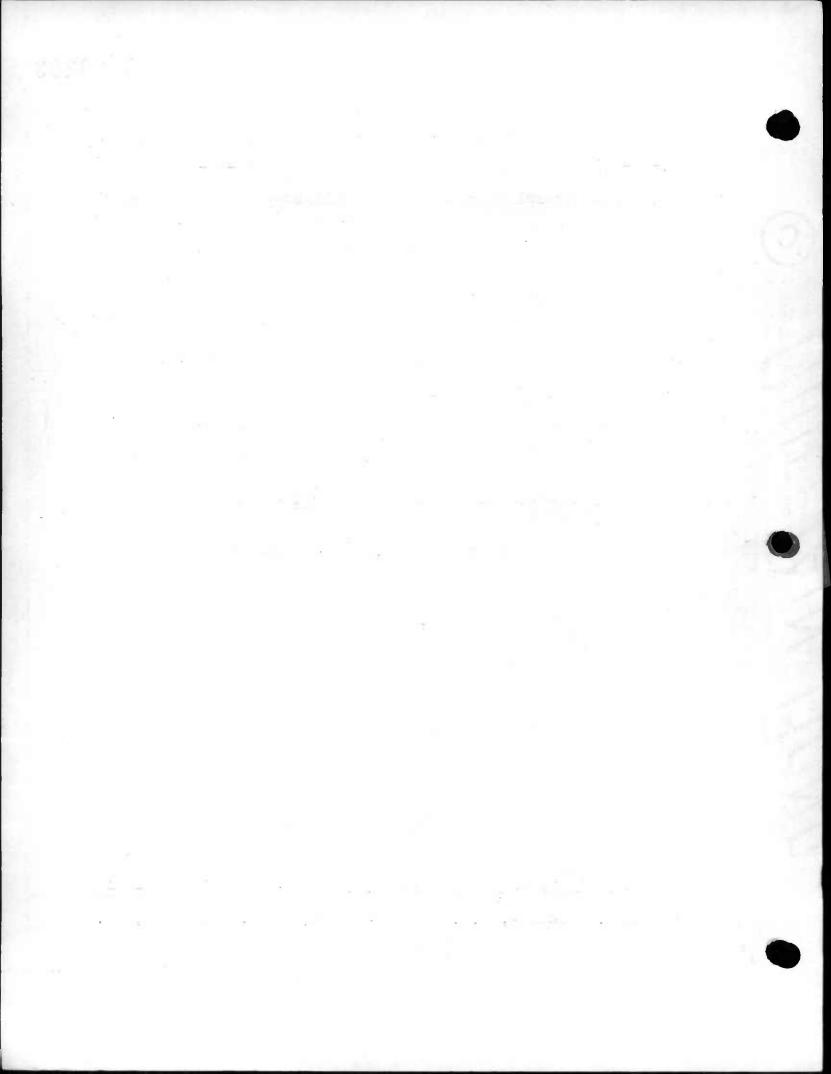
FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Leas)	1. Me	eier			2. DATE OF DEATH DAY
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH

	1. DECEDENT'S NAME (First	Middle, Lest)	J Ma	ier						2. DATE O	F DEATH DAY		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 /	1. /1/C							0	//	04	90	5:40 A M
	106-28-5629		1 M 2 D F	6. AGE (In yrs. las	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	34	Count	HPLACE (State or Foreign ry) York
	9a, FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE				NTY OF E	
DIRECTOR	University		ryland Ho	spital		E	Balti	more						
E I	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	New York		Erie					We	st S	ene c a				1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER						10	H. ZIP COD	9			10g. CIT	IZEN OF	WHAT COUNTRY?
Ë		128 C	ranwood I						***************************************	224				S. A.
ΒX	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		13	If yes, s		ın, Mexice	n, Puerto Ric	(Specify Yee can, etc.)	or No—	14. RAC Blac Spec	E — American Indien, ik, White, etc. i//y: White
	15. DEC	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL (OCCUPAT	ION lost of world	na	16b. I	(IND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Etamentary/Secondary (0-12)	College (1-4 or 5 +) Ille	. Do NOT u	se retired.)							
MP			- 4	5	elf-	Empl	oyec			_	Accou		g.	
8	17. FATHER'S NAME (First, N		n R. Meie					18. MOI			ddle, Maiden			
BE	19e. INFORMANT'S NAME (n. Mele	- Y	h MAILING	ADDRE	SS /Street	and Numba			nes F			
5	Rita M. Mej	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												ork 14224
	200. METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPO					nest				own, State
	100 Burlet 2 Crematic		oval from State	other p		lv C	ross	Cem	eter	77	Laci	ופעפל	nna	New York
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	4.4	110.	22	. NAME	AND ADDRE	SS OF FA	CILITY M	arzul	lo Fi	uner	al Service
	► mucha	el P	marguel	<u>U</u> -										aryland 2115
CERTIFICATION	Sequentially list condi- if any, leeding to imme cause. Enter UNDERLY CAUSE (Diease or Inj- that initiated events resulting in death) LAS	ediate ING ury	b. DUE TO	OR AS A CONSE	OUENCE O	of:	no	bras	l v.	inul	a W	yn	7	
MEDICAL	PART II. Other significa	ant condition	ns contributing to	death but not	resulting	In the u	undariyi	ng cause	given in		24a. WAS AN PERFOR 1 YES 2	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IA	25. WAS CASE REFERRED	TO-MEDICAL						PLACE OF	DEATH (C/	heck only one)			
SIC	EXAMINER?		HOSP/TAL:	ER/Outpatient	3 🗆 DOA	OTHI 4 N		me 5 🗆 R	lesidence	8 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 8	Pending	28a. DATE OF (Month, E	INJURY ley; Year)	28b. TH	ME OF JURY M	V	VJURY AT VORK?	□ NO	28d. OE\$6	CRIBE HOW I	NJURY OC	CURED	
red BY	2 Accident 3 Suicide 6 Homicide	Could not be determined	28e. PLACE C building,	F INJURY — A1 h etc. (Specify)	ome, farm,	street, fe	actory, of	lice			TION (Street of Town, State)		or or Rurai	Route Number,
COMPLETE	CONSTRUCTION OF THE PARTY OF TH		SICIAN: To the best of											(e) end manner as stated.
	296. SIGNATURE AND TITL	E OF PERUTFI	R					29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
BE	Durino	2/16/	SMO									•	7/	9/90
9	30/NAME AND ADDRESS C	F PERSON W	HO COMPLETEO CAU	SE OF DEATH (IT	EM 27) (Typ	e, Print)							"1	
	Francis	36.	m											
	31. DATE FILED (Month, Day	JUL		AR'S SIGNATURE	hia Dau	ridson	Pan	dall	-					
_	11111	302	- F - O											

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	rted within	completely rial, crema	c event,
(13	e execu	an and	umatic
80)	ficate b	physici ne prior	ner tra
0.	th certi	ending Hygie	or ot
S, F	he dea	the att	njury,
ORC	s that t	ned by	any i
EC	require	een sig of Hea	shows
AL F	he law	e Dept.	m 23
VIT	CIAN: T	prtification be Stat	or ite
OF	PHYSI	this ce	ırked,
NOIS	ENDING	R: After er death	Is m
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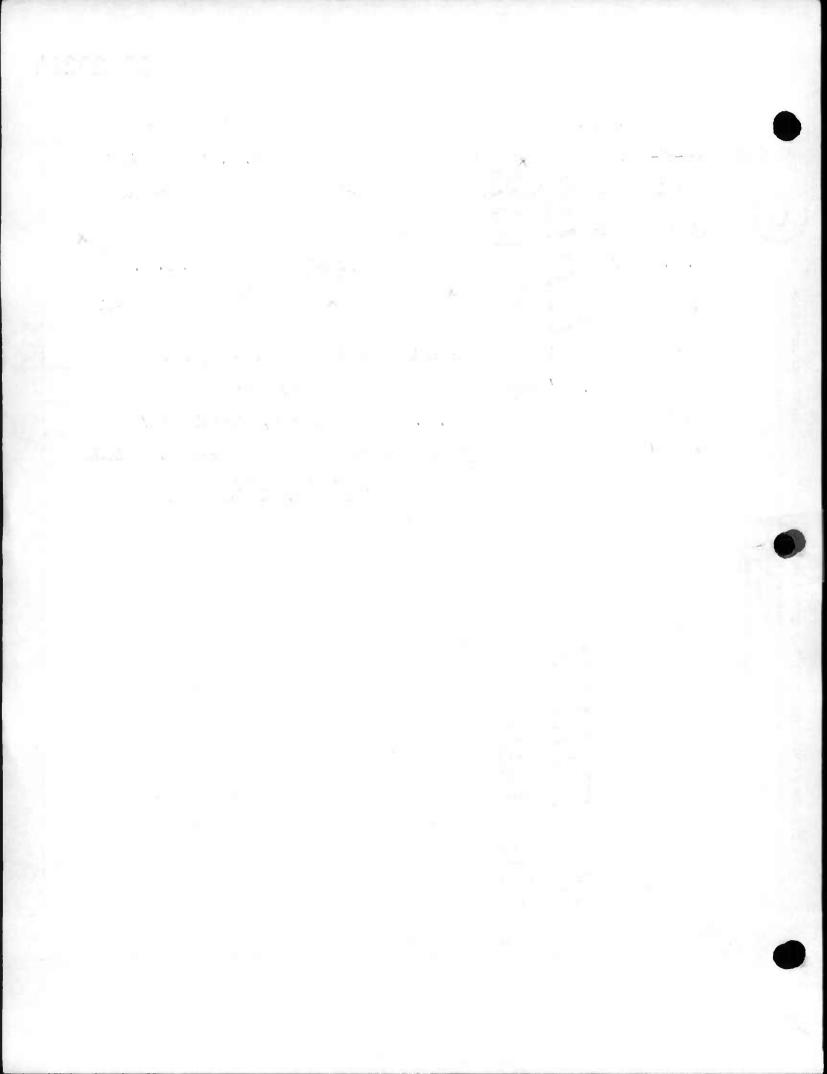
1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF H		MENTAI	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, La	Preston	WALLACE	MESSICK		2. DATE MONTH	OF DEATH DAY	YE. 91	API .	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-10-2037 9a. FACILITY NAME (If not institution, gi	1 🙀 M 2 🗆 F	GE (In yrs. lest birthdey) 73 YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	(Month	of BIRTH 1, Day, Year) -04-16	0	ARYI	ACE (State or Foreign
Peninsula Go	eneral Hosp	pital	Salisbury Wicom						
MARYLAND 10b. COU		10c, CIT	•						DIL INSIDE CITY LIMITS? YES 2 XNO
100. STREET AND NUMBER 705 W. MORRIS	LEONARD RD		10f						
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1X Y IF YES, GIVE WAR O	ER IN U.S. ARMED ES 2 NO R DATES VWII	If yes, sp					- American Indian, White, etc.	
15. DECEDENT'S (Specify only highest g Elamentary/Secondary (0-12) 1 1 YEARS	EDUCATION rade completed) College (1-4 or 5+) 1 YEAR	(Give kind of life. Do NOT u	B USUAL OCCUPATION Work done during more retired.)	ON st of working	166. KINO OF BUSINESS/INDUSTRY WHOLESALE MEAT				
17. FATHER'S NAME (First, Middle, Lest)		UNEL	OTH III	18. MOTHER'S NA					
JAMES B	LANE M	ESSICK		IZETTA		UNK	-	ENCI	HER
19a. INFORMANT'S NAME (Type/Print)			AOORESS (Street a	nd Number or Rural i	Route Numi	ber, City or Town, S	tete, Zip Cod	0)	
RADIA D. MESSI			. MORRIS		RD,	SALISBU	URY, I	MD :	21801
20s, METHOD OF DISPOSITION 1 Dentile 2 Cremetion 3 5	7/9/90 Removal from State	PARSONS C	SITION (Name of con CEMETERY	netery, crematory or			SBURY		
21. SIGNATURE OF FUNERAL SERVICE	allow	1	HOLLO	WAY FUNE NOW HILL	RAL		URY,	MD	21801
23. PART I. Enter the diseases, shock, or heart fallu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Hypen	tensive	Cardio				ory arrest,		Approximate Interval Betwee Onset and Dec
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	AS A CONSEQUENCE O							
PART II. Other significant condi	itione contributing to dea	th but not resulting	in the underlying	g cause given in	Part I.	24s. WAS AN AU PERFORME 1 YES 2	D?	C	VERE AUTOPSY FINDING MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only or	ne)			
1 XYES 2 NO	1 Inpatient 2 ER/		4 - Nursing Hom	e 5 🗆 Residence	8 🗆 Othe	er (Specify)			
27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigati	28a. DATE OF INJU (Month, Day, Ye	IRY 26b. Till er) IN	JURY WO	URY AT PRK? YES 2 NO	28d. DES	SCRIBE HOW INJU	JRY OCCURI	D	
3 Suicide 8 Could not 4 Homicide determine	building, etc.	IURY — At home, farm, 'Specify)	street, factory, offic	•	28f. LOC City	CATION (Street and or Town, State)	Number or F	tural Floo	ite Number,
Torroom only Ty	HYSICIAN: To the beat of my k							neo(u) t	ind manner as stated
29b. SIGNATURE AND TITLE OF CERT				29c. LICENSE NU					Aonth, Day, Year)
Od Son	ulkaley	Deputy	M.E.	D035	99		_	- 1	-90
John T. Bu		F DEATH (ITEM 27) (Typ				Salish			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S								

8+



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		CL	HIIFICA	IE OF	DEAL	н	REG. NO).				
1. DECEDENT'S NAME (First, Middle, Last Virgini		ald					2. DATE OF DEATH	MY 5	90 3	TIME OF DEATH		
4, SOCIAL SECURITY NUMBER	5. SEX 1 M 2 KF	6. AGE (In yrs. lest	birthday) IF UNI YRS. MONTH	DER 1 YEAR S DAYS	IF UNDER 2	4 HRS. MIN.	7. DATE OF BIRTH	1908	a. BIRTHPL	ACE (State or Foreign		
90. FACILITY NAME (If not lostitution, give Harrison House I	street and number) Nursing Ho	ome	9b. C	TOWN	OR LOCATION	N OF DE	ATN"		ty of deat			
nesidence of decedent 10a. STATE 10b. COUN Virginia Accol			Parksl		TION				1.0	d. INSIDE CITY LIMITS? YES 2 NO		
P. U. Box 1450				10	23421			10g. CITIZ		T COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 2 NO WAR OR DATES	YES 2 NO If yes, specify Cuban, Mexicon, Puerto Rican, etc.) Black,							CE — American Indian, lick, White, etc.		
15. DECEDENT'S ED (Specify only highest grad	de completed)	(Giv	EDENT'S USUAL re kind of work do Do NOT use retired	OCCUPATI	ON ost of working		18b. KIND OF BU	ISINESS/INDU	ISTRY			
Elementary/Secondery (0-12)	College (1-4 or 5-		cutive.	pro.			Paper (ompan	4			
17. FATHER'S NAME (First, Middle, Last) Walter Ma	0'Leary		-		/	CUT	ME (First, Middle, Maider					
190. INFORMANT'S NAME (Type/Print) Judith Paher		19b.	WAILING ADOR	ESS (Street K 145	ond Number of	ksl	Poute Number City or Tox					
20e METNOD OF DISPOSITION 1 M Buriel 2 M Cremation 3 Re 4 Donetion 5 Other (Specify)	moval from State	20b. PLACE Of other place	vy cem	etery	4		EVO	enston	. Ill			
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE ALL	ford	2	Sary bing	IND ADDRESS	ner	Virginia	23336	Ţ			
Sequentially list conditione, if any, laading to immediata causa. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO DUE TO DUE TO DUE TO	(OR AS A CONSEON OR AS A CONSEQUENCE OF AS A C		1900								
PART II. Other eignificant condition	one contributing to	death but not re	eulting in the	underlyir	ng cause gl	ven in		RMED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpetient 3 (DOA AU	ER:	PLACE OF DE		s Cother (Specify)					
27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28a. DATE OF (Month, D	INJURY	28b. TIME OF INJURY	28c. IN	JURY AT ORK?		28d. DESCRIBE NOW	INJURY OCC	URED			
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE O	F INJURY — At hone etc. (Specify)	ne, farm, atreet, 1	actory, offi	ce		281. LOCATION (Street City or Town, State		or Aurel Rout	e Number,		
							time, date end plece, a			nd menner as stated.		
29b. SIGNATURE OF CHITTER OF CHITTER	ula do 1	Eaugh F	hysma	,	29c. LICE	33	1579	280. DATE	SHONED IN	Brith, Day, Years		
30. NAME AND ADDRESS OF PARSON W	NO COMPLETEO CAUS	SE OF ORATH (LIFEM	27) (Type, Print)	1.			/	1 17	-	//		
	VNO COMPLETEO CAUS VCK W 32. REGISTRA	R'S SIGNATURE	WERSET	- 4	FACAL	Œ	WIEL P.	o.Bx	fb.	Hences h		



TOTAL DEL	De med minint. La mora dus cours me nos come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en come capas en cap	has flad within 75 hours after death with the State Dent of Health and Mental Hydiene Driot to build. Cremation. Or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and compressly med in by the tunicial, page 3 should be detached to use as the buttansh permit. Pages 1, 2, 3 should	the second secon	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician.	The state of the s
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND			HEALTH AND	MEN	NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH	y y	3.	TIME OF DEATN	
	Raymor			iche			uly 8, 1		i An	0850 M	
	4. SOCIAL SECURITY NUMBER 319 24 5481	5. SEX 8. AGE (In yrs. 61	lest birthday) YRS.	IF UNDER 1 YEAR		7. 5	Monta Day (gar)	8. II	BIRTNPLA Country) LL.	ACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOW	N OR LOCATION OF E	EATN		OF DEAT	н		
TOR	Calvert Memorial	L Hospital		Princ	ce Freder	ick		Calv	vert		
DIRECTOR	MD Ca	n lvert	11 1-1	y, town on Lo lesapea	ke Beach				d. INSIDE CITY LIMITS? X YES 2 NO		
	10e. STREET AND NUMBER		10f, ZIP CODE					10g. CITIZEN		T COUNTRY?	
ER/	Apt. 2 Tydes Mo	otel Rte 260		20732					SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3. Widowed 4 Divorced	ARMED	If yes.	DECENDENT OF NISPA specify Cuben, Mexic (ES 2 A NO Spec	en, Pu		or No- 14.	RACE — Black, W Specify: W h	American Indien, hite, atc. ite		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		Give kind of ville. Do NOT us	USUAL OCCUP work done during se retired.)	ATION most of working		16b. KIND OF BUS	INESS/INDUST	TRY		
MP.			Carp	enter			Con	struct	ion		
BE CO	17. FATHER'S NAME (First, Middle, Last) Walter			18. MOTHER'S N	AME (First, Middle, Meiden	Surname)				
10 8	19a. INFORMANT'S NAME (Type/Print) Jack Gowens			et and Number or Aura cutive Pl					, MD 20678		
	20e. METHOD OF DISPOSITION 130 Burlel 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	mount from Ctate Office	er niece)		cemetery, crematory or Cemetery			ation - chy ltenha			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAMI	Y	1 0.1.2					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home,										
	shock, or heert fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. CAUAAAA The Court of the court o									Approximeta Interval Batween Onset end Daath	
NO	Sequentially list conditions,	b. CUBUL C	SEQUENCE O	Me	in Sc	1	ual	· .			
CATI	If any, laading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	Condiov	a Su	ila	disi	a	L.				
CERTIFICATION	thet initiated evants resulting in death) LAST	d. Chron	ISEQUENCE O	a /	calea	1	isin				
	PART II. Other algnificant condition	one contributing to death but n	of resulting	in the undari	ving cause given i	n Pari	I. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
MEDICAL	alcahah		W/		nour		PERFOR	1	01	AILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO	
	- Committee	June								X	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatien	it 3 🗆 DOA	OTHER:	lome 5 Residence	111	ocupation.				
	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY	INJURY AT WORK?	280	d. DESCRIBE NOW II	NJURY OCCUP	RED		
red BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY - A	it home, farm,			281	t. LOCATION (Street a City or Town, State)	and Number or	Rural Rou	te Number,	
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my knowledge	, death occurr	ed at the time,	date and plece, and d	ue to ti	he cause(e) and men	ner ee atated.			
COMPLETED		NER: On the besie of axamination end	t/or investigation	on, in my opinio							
品	290. SIGNATURE AND TITLE OF CENTIFIC	Bou			29c. LICENSE N	UMBER	•	▶ 7/	Coleto In	1/50	
2	Emad Al Bann	MaD.	CONTRACTOR OF THE	A CONTRACTOR OF THE PARTY OF TH	derick, N	lar	yland 200	578	8		
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATUR	ande BL		•						
	JUL 1 3 1990	James manager-16									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flower after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

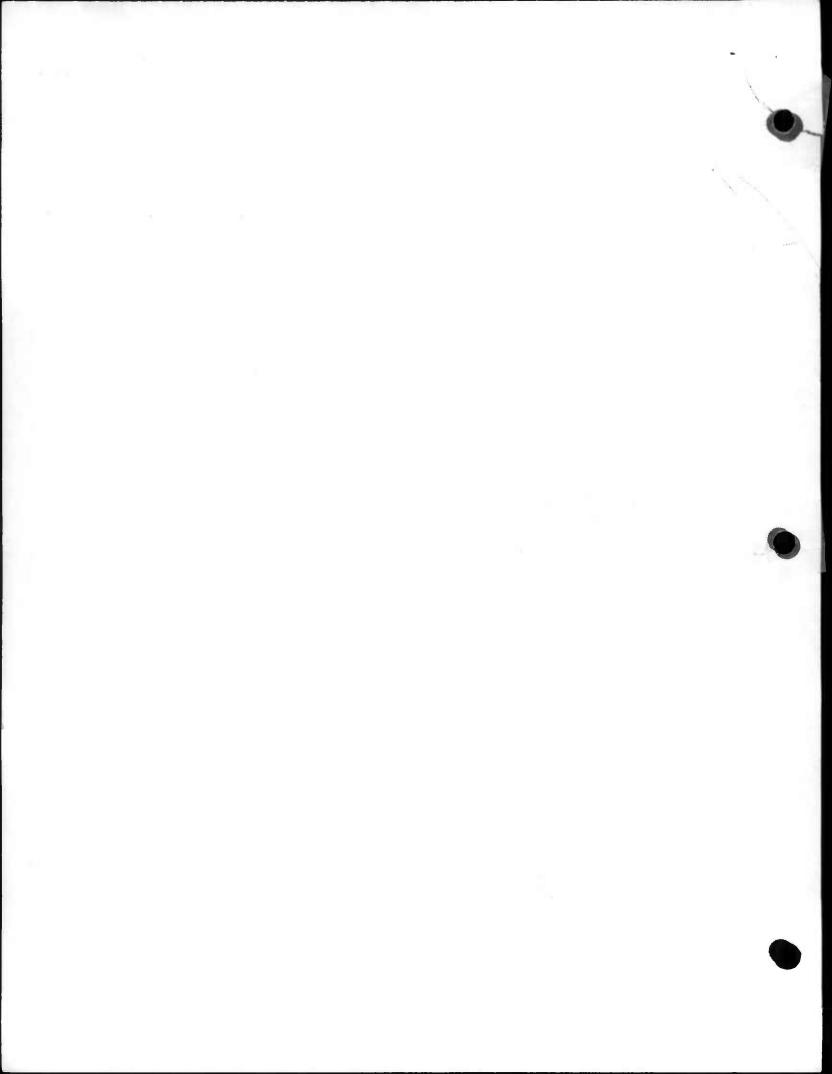
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MAR	CERTI	FICALE	E OF I	DEATH		REG. NO.					
1. OECEOENT'S NAME (First, Middle, Li	nst)					2. DATE	OF DEATH		EAR :	. TIME OF D	EATH	
LAURA VIRG	SINIA MAXW	ELL						, 199		6:15	P	
4. SOCIAL SECURITY NUMBER 145-20-3865	5. SEX 6. A	GE (In yrs. lest birthde)	MONTHS	1	HOURS MIN.	7. DATE (Mont) 9 – 4	of BIRTH - 1925	8.	Country)	LACE (State of		
Sa. FACILITY NAME (If not institution, g	ive street end number)		9b. CITY	Y, TOWN OR	R LOCATION OF O	EATH		9c. COUNTY	OF DEA	ATH		
309 Deer's	ury				Wic	comic	0					
10a. STATE 10b. COL	OR LOCATIO	ON				1	IOd. INSIDE C	ITY				
Md. Wic	oury						YES 2					
10e. STREET AND NUMBER	101.	ZIP CODE					IAT COUNTRY	77				
309 Deer's	Head Blvd.				21801				6.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	If yes, spec	ENDENT OF HISPA city Cuban, Mexica 2 NO Specifi	en, Puerto !	i? (Specify Yes Rican, etc.)	or No— 14	Specify,	- American I White, atc.	ndlen,				
t6. DECEDENT'S (Specify only highest g	rede completed)	16a. DECEDENT (Give kind of the Do MOT	of work done	during most	N t of working	t6b	KIND OF BU	SINESS/INDUS	STRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Cafet	-		kon		Bosno	l of E	dua	atio	-	
12 17. FATHER'S NAME (First, Middle, Lest)	Laret	cila	MOU	IE. MOTHER'S NA				uut			
					Harrie		Shou					
James A. Par	KEI	10h MAH	NG ADDRES	S (Street on	nd Number or Rural				nde)	_		
	cwell		me as			. New Marin	ony or row	, oune, zap Ot	- 40)			
Joseph B. Max		20b. PLACE OF DISF					20c. LO	CATION — CH	v or Tow	n. State		
20a. METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ 1 4 □ Donation 5 ☑ Other (Specify)	Removal from State	other place)						lisbu				
Journal - Jo other (opouly) .	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bounds Funeral Home, Salisbury, Md.											
21. SIGNATURE OF FUNERAL SERVICE Suald (23. PART I. Enter the diseeces,	promplications that cause in the cause in th	on each line.	Bo not enter	ound:	s Fune	ral				Approx interva Onset	imate i Betwo	
21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseeces, shock, or heert felle IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Dy complications that ceuse in the ceuse in	AS A CONSEQUENCE	D not enter	ound:	s Fune	ral				Approx interva Onset	imate i Betweend De	
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	1. DECEDENT'S NAME (First, Mic	char	les	Dona	ald 1	Morgan	า		MONTH	1 - 90	AY	YEAR 3.	4:18AM	
	4. SOCIAL SECURITY NUMBER 214-74-9680		6. SEX 6	35 AGE (In yes	s. last birthday) YRS.	IF UNDER 1 YE		UNDER 24 HRS. DURS MIN.	7. DATE ((Month)	Day, Year)		Country) MARYI	CE (State or Foreign	
CTOR	90. FACILITY NAME (If not institu St. Mary's H	Hospit				96. CITY, TO		OCATION OF DE			9c. COUNT	Y OF DEAT	County	
DIRECT	RESIDENCE OF DECEDION. STATE 100 MARYLAND	b. COUNTY	RLES		10c. CITY, TOWN OR LOCATION BRYANTOWN						A.3	LIMITS?		
ERAL	P.O. BOX 12	6			10f. ZIP CODE 20617					II C A				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 Divorced		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	N U.S. ARMED 13. WAS DECENDENT OF HISPA 2 NO If yes, specify Cuban, Mexic					SPANIC ORIGIN? (Specify Yee or No— 14. RACE — Americal Ricen, Puerto Ricen, etc.)				
PLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)	164	Give kind of w life. Do NOT us CUST	during most of working				SINESS/INDU	STRY					
E COMF	9TH GRADE 17. FATHER'S NAME (First, Middle, Leet) JOHN WOODLEY MORGAN				0001	001111		B. MOTHER'S NAI		fiddle, Maiden	Surneme)	S	<u>.</u>	
TO BE	19a. INFORMANT'S NAME (Type/ JOHN W. MORGA		-					Number or Rural P	loute Numb	er, City or Tow	vn, State, Zip C			
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 4 Donation 5 Other (Sp.	oth	ACE OF DISPOS her place) VITY ME	ry, crematory or		20c. L0	CATION — CI							
	21. SIGNATURE OF FUNERAL SE	O A	XU 1	iner)	MAT.	ME AND A	ADDRESS OF FAI LEY-GAL OX 270,	RDINE	R FUN	ERAL I	HOME,	P.A.	
RTIFICATION	Sequentially list condition if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in deeth) LAST	DUE TO (OR AS A CO	eck in- NAME OF THE PROPERTY O):):	· · · · · · · · · · · · · · · · · · ·								
MEDICAL CER		conditions	contributing to c	leath but r	ut not resulting in the underlying cause given				Cause given in Part i. 24s. WAS AN AUTOPS PERFORMED?			Y 24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI DF DEATH?		
												×	XXES 2 □ NO	
SICI/	25. WAS CASE REFERRED TO M EXAMINER? XXXES 2 \(\text{NO}\) NO	MEDICAL	HOSPITAL:	ĚR/Outpatie	nt 3 🗆 DOA	OTHER:		5 G Basidance						
TED BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Per	nding estigation	26e. DATE OF 1 (Month, Day 7-1-9(NJURY (, Year)	26b. TIM INJ 3:1	E OF 28 URY 1	Ic. INJURY WORK 1 YES	Y AT	26d. DES	other (Specify) DESCRIBE HOW INJURY OCCURED Dedestrian struck by auto				
E iu	4 Homicide det	uld not be termined	building, e	tc. (Specify)	At home, farm, s		F	Road	Rt.	or Town, State 5, Ch	arlot	te Ha		
: 7	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and du Constitution and data and death of the best of constitution and death of the best of constitution and death of the best of constitution and death of the best of constitution and death of the best of constitution and death of the best of constitution and death of the best of constitution and death of the best of constitution and death occurred at the time, date and places, and du Constitution and death occurred at the time, date and death occur													
COMPL	ZIZESMEDICA		2///	29c. LICENSE NUMBER CME P 7-1-										
TO BE COMF	29b. STUNATORE AND STILE DE	Сентичин	COMPLETED CAUSE	F OF DEATH	ATEM 27 /3-00	Print)			NDEIS		29d. DATE		onth, Day, Ybar)	
BE COM	30. WAME AND ADDRESS OF PIERE FRANK PERE	ERSON WHO	COMPLETED CAUSE	E OF DEATH						more,	•	7-1-	onth, Day, Year)	
BE COM	29b. SIGNATURE AND STILE DE	TTI, M	D 32. REGISTRAF	I'S SIGNATU	TRE 1			OCME		more,	•	7-1-	onth, Day, Ybar)	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

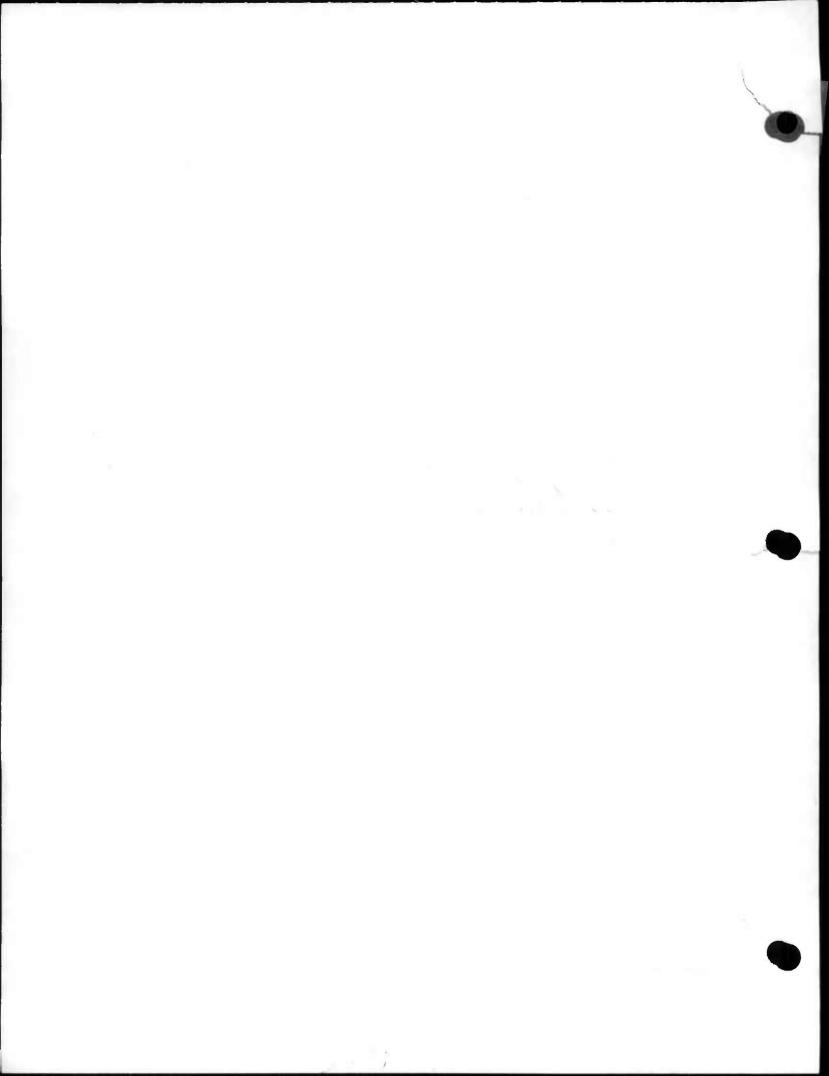


DIVISION OF VITAL RECORDS, P.O. BOX 13149, BALLIMORE, MARTLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a missions after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR ERTIF						GIEN 3. NO.	E	50	20290
	1. DECEDENT'S NAME (First, Middle, Last)							1	2. DATE OF DE	ATH			3. TIME OF DEATH
	WILLIAM	WAYNE	MERKLE	JR.				- 1	монтн 06	2	8	90	A SEDVA M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	s. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					7. DATE OF BIR		0		4 15PM M
	218 06 8158	1 🛛 M 2 🗌 F	17	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)		Count	ry)
	9e. FACILITY NAME (If not institution, give e	- ' '	1/										aryland
m			CADE OF	96. CITY, TOWN OR LOCATION OF DE CENTER CHEVERLY									
0	PRINCE GEORGES	NURSTNG	CARE CE	NIER		LY	PRINCE			NCE	GEORGES		
DIRECTOR	10a. STATE 10b. COUNTY	,		19c, CITY, TOWN OR LOCATION									10d. INSIDE CITY
뜻	Manual and Dad	C		37	- 0	1.1							1 P YES 2 NO
	Maryland Pri	nce Geor	ge	Nev	v Car		ZIP COD	F			10a CIT	IZEN OF	WHAT COUNTRY?
PA					"		-					MINI GOOKTINT	
FUNERAL	8114 Powhatan S					2078					JSA		
5	11. MARITAL STATUS 1 Never Merried 2 Merried	IT EVER IN U.S. A	NO					C ORIGIN? (Spe , Puarto Rican,		or No—	Blac	E — American Indien, k, White, etc.	
BY	3 Widowed 4 Divorced	MAR OR DATES A			1 TYES	2 XNO	Specify:				Spec	"White	
	15. DECEDENT'S EDU	CATION	ste D	ECEDENT'S	I II II II I	CCLIDATIO	NA.		16b, KIND	OE BUI	NECO/IN	DUIGTOV	
H	(Specify only highest grade	completed)	(Give kind of b. Do NOT u	work done	during mo	st of worki	ng	TOD, KIND	0, 50,)H4E33/H4	DOSTRI	
2	Elementary/Secondary (0-12)	College (1-4 or 5	+)										
COMPLETED	1/5 17. FATHER'S NAME (First, Middle, Last)			Neve	er Wo	rked		MEDIO MAN	E CELL ANDERS	A 0 - 1 - 1	0	_	
									NE (First, Middle,				
H	Wayne Merkle 19a. INFORMANT'S NAME (Type/Print)		1.						Offenba				
2	198. INFORMANT'S NAME (1/po/Print)		1	9b. MAILING	3 ADDRES	S (Street e	nd Numbe	r or Rural A	oute Number, City	or Tow	n, State, Zi	p Code)	
	Wayne Merkle			8114							Carro		
	20e. METHOD OF DISPOSITION 1	ovel from State	20b. PLACE other p	E OF DISPO	SITION (N	ame of cer	metery, crei	matory or	1	20c. LO	CATION —	Cify or To	own, State
	4 Tonation 5 Other (Specify)	- /	/ Fr	Line	201n	Ceme	etery	7		Br	entwo	ood 1	Md.
	The Donation 5 Office (Specify) Ft. Lincoln Cemetery Brentwood Md. 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi 11800 New Hamp. Ave. S. S. Md.												
	23. PART I. Enter the disease, or shock, or feer failure. IMMEDIATE CAUSE Finsi disease or condition resulting in death)	List only ons cs	spirat	le.	0			ring, euch	es csrdisc o	r reepi	retory er	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST e. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Chool C DUE TO (OR AS A CONSEQUENCE OF): Chool C DUE TO (OR AS A CONSEQUENCE OF):												
-	PART II. Other significent condition	s contributing to	desth but not	resulting	In the u	nderlyin	g ceuse	given in i	Part I. 24a.		AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDICA										PERFO	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
입									_ ''		Ser.		OF DEATH?
2									_				1 TYES 2 TONO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF I	DEATH (Cho	ick only one)				
$\overline{\Omega}$	EXAMINER?	HOSPITAL:			QTHE	R:							
≥	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		_	17 -		NO 5 A	leeldence	8 Other (Spec			COURED	
	1 Natural 8 Pending		Day, Ybar)	28b. TH	JURY M	WC	PRK?	□ NO	28d. DESCRIBE	HOW	INJURY OC	COHED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At 1 , atc. (Specify)	M 1 YES 2 NO					281. LOCATION (Street end Number or Rural Route N City or Town, State)				Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												(e) end menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	(m)	In Dr	461	0404	, the	29c. LIC	ENSE NUM	9 3 4		29d. DA	TE SIGNE	0 (Month, Day, Year) 2 9/50
F	30. NAME AND ADDRESS OF PERSON WIS			EM 27) (Typ		Cert	LI)rin	£476 (Gree	nhes	d m	0 20770

JUL 0 9 90

Julia Saudron Randoll



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	d with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	event
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	OR.	DIRE	Hem
	PITAL	ERAL In 72	1:1
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	F	F 5	=

31. DATE FILED (Morith, Day, Year)

JUL 05 '90

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randall

	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT				MEN	TAL HYGIENI REG. NO.	E		
-	1. DECEDENT'S NAME (First, Middle, Las									ATE OF DEATH	Y	YEAR	3. TIME OF DEATH
	HERMAN W.	MOORE	5. SEX 6. AGE (In yrs. last birthday)									10	7 ((()) M
			6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	MIN.	(1	ATE OF BIRTH Wonth, Day, Year)		8. BIRTI	HPLACE (State or Foreign ry)
1	216-09-9588	1 M 2 - F	88	YRS.	HW-52-8	MAY 31, 19							
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE	EATH		9c. COL	INTY OF E	DEATH
DIRECTOR	SUBURBAN HOSPITA	AL			BET	HESI)A				MON'	[GOM]	ERY
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	/TV		100 CD	TY, TOWN C	NO LOCAT	ION		_				10d. INSIDE CITY
置	MARYLAND MONTGOMERY												LIMITS?
1 1	MARYLAND MONTGOMERY 10e. STREET AND NUMBER				KEN	SING	JTON . ZIP COO				40 017		1 YES 2 NO
FUNERAL						101					log. GI		WHAT COUNTRY?
W	10416 FAWCETT ST						208					USA	
5	11. MARITAL STATUS 1. Never Married 2 Married		T EVER IN U.S. AF		13.	WAS DEC If yes, sp	ENDENT (OF HISPAN In, Maxica	NIC OF In, Put	RIGIN? (Specify Yea erto Rican, atc.)	or No—	14, RAC Blac	E — American Indian, ik, White, etc.
E E	3 Wildowed 4 Divorced	IF YES, GIVE		1 YES 2 NO Specify				y:			Spec	ÎTE	
	15. DECEDENT'S E	DICATION	16a D	CEDENTS	USUAL O	CCUBATIO	DNI .			16b. KIND OF BUS	INECC/IN		LIB
Щ	(Specify only highest gra	de completed)	(9	live kind of	work done se retired.)	during mo	st of worki	ng		IOS. KIND OF DOC	JII C 337 114	DOSTINI	
ا ڐ	Elementary/Secondary (0-12)	College (1-4 or 5	1	LUMBI	FR C	HUBI	MAUS	нотн	77				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 .	LOTID		HOR				irst, Middle, Malden	Sumamal		
	The training terms (1800, moons, say									FLETCHE			
H	19a, INFORMANT'S NAME (Type/Print)		10	- MAII IN	C ADDRESS	t (Street s				- 00101101		in Codel	
2	JOHN R. SUTHER	DRV (CRANT							I Rouse Number, City or Town, State, Zip Code) AITHERSBURG, MARYLAND 20879				
			<u> </u>						JT T				
	20s. METHOD OF DISPOSITION 1\text{AD Burlai 2 \cappacture Cremation 3 \cappacture Removal from State} \\ 4 \cappacture Donastion 5 \cappacture Other (Specify) \\ \text{20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)} \\ GATE OF HEAVEN CEMETERY \\ SILVER SPRING, MARYLAN												
	21. SIGNATURE OF TIMETIAL SERVICE OCCUPAGES 22. NAME AND ADDRESS OF FACILITY												
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD.20901												
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final												
	disease or condition rasulting in death)	. Venix	menu	ar	H	16	nel	las	FR	Den			
П		DUE TO	IOR AS A CONSE	QUENCE C	OF):	-	-	-,		1		-	-
Z	Commendation that any distance	· Lono	eac	nec	eno.	de	elle	se	0	Capa	Low	400	2
CERTIFICATION	Sequentially list conditions, if any, lasding to immediata	ODUE TO	(OR AS A CONSE	QUENCE	OF):	1.	/	/	1	1) 5	33		
S	cause. Entar UNDERLYING CAUSE (Disease or injury	a Unite	neo a	00	al	101	Me	The set	-	Kissa	el	-	
트	that initiated events	DUE TO	OR AS A CONSE	QUENCE (OF):								
1	resulting in death) LAST	d											
0	PART ii. Other significant conditi	ione contributing t	n death but not	resulting	in the m	nderivin	a cause	aiven in	Part	i. 24s. WAS AN	ALITOPSY	24	b. WERE AUTOPSY FINDINGS
18			o doubt but not	resonang	in ale a		y outse	given in		PERFOR		"	AWAILABLE PRIOR TO COMPLETION OF CAUSE
ă										1 - YES 2	NO		OF DEATH?
M													1 YES 2 NO
PHYSICIAN: MEDICA												l_	
宣	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF I	DEATH (Ch	neck o	nly one)			
ΥS	1 NES 2 NO		☐ ER/Outpatient		_			lesidence	_	Other (Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	Day, Year)	28b. TI	ME OF JURY	W	JURY AT DRK?	-150 -	28d	. DESCRIBE HOW I	NJURY O	CCURED	
BY	2 Accident Investigation				M		YES 2	NO	_				
0	3 Suicide 8 Could not I	ome, farm,	rm, street, factory, offica				261.	. LOCATION (Street City or Town, State)		er or Rural	Houte Number,		
LET	29s. CERTIFIER X			11.050			W/mex	1997	W. Taran				
COMP	(Check only CERTIFYING PRO	YBICIAN: To the best of INER: On the basis of											(a) and manner as stated.
	290. SIGNATURE AND STILE OF CENTRE	HERA 1/	, ,	×			29c. LIC	ENSE NU	MBER		29d. D4	TE SIGNE	D (Month, Day, Year)
B	Kahout	12/	Lacher	in	1		1	1111	4	5	•	1/	7-00
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH (ITI	EM 27) (7/0	on, Print)		1 1	/1/	/		-	1-1	-/0
	ROBERT T. THIBA					J.E. I	TKF	#103	2	ROCKVILI	E N	MD 1	20853

FOR STATE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and lead to the death. Page 6 may be retained by the hospital or attending physician.

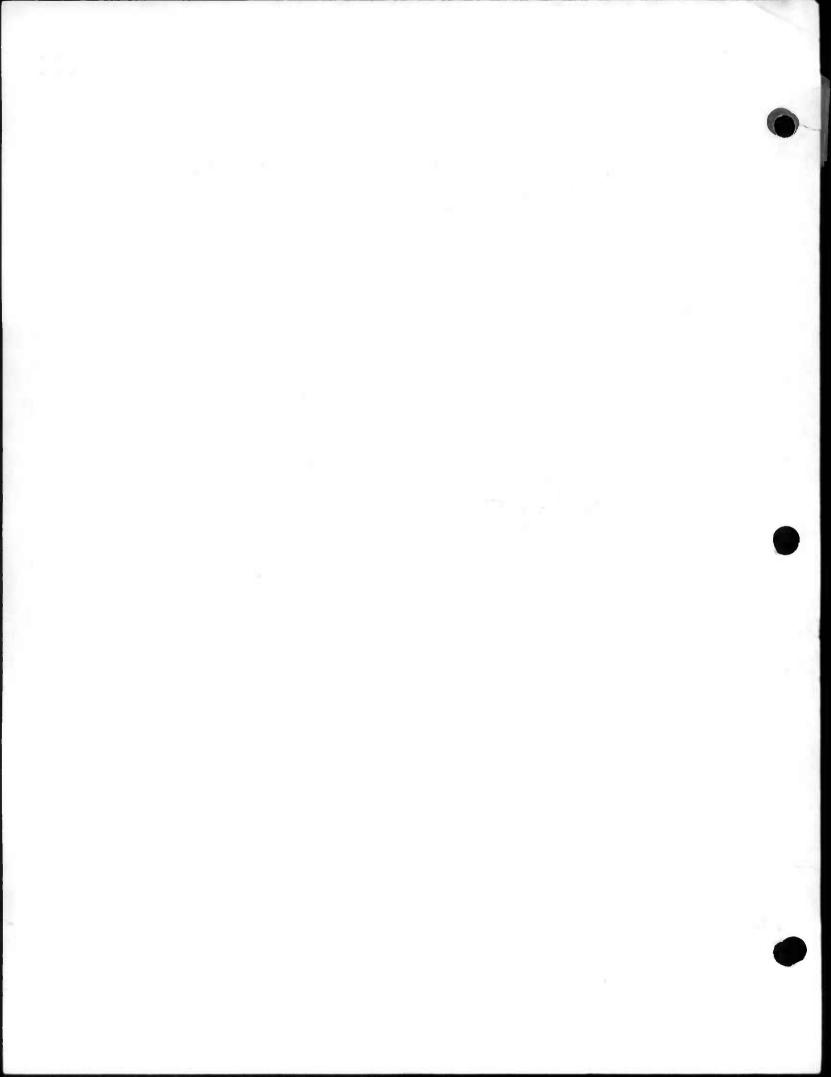
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IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)														
EDUARD		MAGI						2. DATE MONTI	OF OEATH	DAY	YEAR	3. TIME OF DE		
HOWE HELD		مارغيا والرنسا						7117	OF BIRTH	2 19	90	11:50		
4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. la		IF UNDER	1 YEAR	HOURS	MIN.	7. DATE	OF BIRTH h, Day, Year)		6. BIRT	HPLACE (State or	Foreign	
158 28 9140	XX M 2 D F	92	YRS.	-01111	- LANG	HOURS		Sep	t 5	1897	Est	conia		
9e. FACILITY NAME (If not institution, give st	treet end number)			96. CITY, TOWN OR LOCATION (EATH		
7551 Carroll A	venue			Ta	kom	a Pa	ark			Mor	teo	mery		
RESIDENCE OF DECEDENT	7 01140		Takoma Park											
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY			
Maryland Mont	To 1	zome.	Po	2012						LIMITS?	□ NO			
10e. STREET AND NUMBER	gomery		Takoma Park									1 VES 2 NO		
				1	IOF. ZIP COOE				U.S.A.					
7051 Carroll A	venue				12	091	2			U.	S.A	•		
11. MARITAL STATUS	EVER IN U.S. A								Yee or No-	14. RAC	E — American In	dlen,		
1 Never Married 2 Merried	FORCES? 1					2 K NO			Rican, etc.)					
3- Widowed 4 □ Divorced								,				"White	9	
15. OECEOENT'S EOU	CATION	16e. D	ECEDENT'S	USUAL O	CCUPATION	ON		16b	. KIND OF I	BUSINESS/IN				
(Specify only highest grade		- 10	Give kind of le. Do NOT u	work done i se retired.)	during mo	ost of work	ing		03					
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ord	laine	M be	ini	ster	2		Cle	rgy				
12		-	-0211		ale 0.0 ate									
17. FATHER'S NAME (First, Middle, Last)									Middle, Maid	len Sumame)				
Hendrik Magi						Ka	adri		Jos	ep				
19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADDRESS	S (Street					Town, State, Z.	ip Code)			
Eino Magi. M.D.		1	4805	Ho	nua	et 1	one	94	luan	Spri	20.00	MD. 2	2090	
20a. METHOD OF DISPOSITION			E OF DISPO										090	
1 Buriel 2 Cremation 3 Remarks Donetion 5 Other (Specify)	oval from State	20b. PLACE	n/acei				metory or			LOCATION -				
		Kens	3100	Cem					V	alhal	la,	New 1	ork	
21. SIGNATURE OF FUNERAL SERVICE LIC				22.	NAME A	ND AODR	SS OF F	CILTY -	AT U	OME,	TNO			
KENDALI	BURNEY	-VANC	KL										-	
Kendall Devi	may Ca	med			254	Car	rrol	.1 S	t. N	.W. V	Vash	ingtor	1 DC	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	OR AS A CONS	hic	Ula	F	ibr	Ila	50	2)	spiratory a	11631,		Betweend Daar	
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	Veni	EOUENCE O	U/2-	F	ibr	Ma	Du	2)	spiratory a	rrest,	Interval	Betwee	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA			MENTAL HYGIE					
1. DECEDENT'S NAME (First, Micke Robert	A. McGuire	4 3			2. DATE OF DEATH MONTH JULY 2,19		3. TIME OF DEATH 20:58 PM			
4. SOCIAL SECURITY NUMBER 367-09-3708	1 M 2 🗆 F	81 YRS. MO	THS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT 23, 1	908	Ohio			
9a. FACILITY NAME (If not institution and inst	ventist Hospita		Takoma		ATH	Montg	omery			
	Volusia	0.00	own on Location				10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO			
100. STREET AND NUMBER 2500 North 11. MARITAL STATUS	Volusia		412.5	2763			n of what country? .ted States			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spec		IIC ORIGIN? (Specify Y n, Puerto Rican, etc.) :	es or No- 14	RACE — American Indian, Black, Whita, atc. Specific White			
15. DECEDER (Specify only high Elementary/Secondary (0-12) 1 0 17. FATHER'S NAME (First, Middle,	IT'S EDUCATION test grade completed) College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use re Police	done during most tired.)	of working		usiness/indus	STRY			
17. FATHER'S NAME (First, Middle,	(nst)	101100			ME (First, Middle, Maide	· · · · · · · · · · · · · · · · · · ·	.ce			
W Charles MaCes				Iva Li						
19a, INFORMANT'S NAME (Type/F		19b. MAILING AD	DRESS (Street and		Poute Number, City or To	own, State, Zip C	ode)			
Patricia L. B	olds						Md. 20879			
20a. METHOD OF DISPOSITION 1 Burial 2 D Cremetion 3 4 Donation 5 Other (Spe	☐ Removal from State	other place)	ON (Name of came	tery, crematory or	20c. I	ocation - ci	ty or Town, State			
1 tal	4 Departion 5 Other (Specify) Metropolitan Crematory Alexandria, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral 10 East Deer Park Drive Gaithersburg, Maryland 20									
23. PART I. Enter the cises shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)	ses, or compilcations that cause failure. List only one cause or	anch line.	enter the mod	e of dying, suc	h as cardiac or rea	piratory arrae	Approximate interval Between Onset and Deatt			
if any, leading to immediate	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other aignificant of	onditions contributing to death	to but not resulting in t	he underlying	cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO M			26. PLA	CE OF DEATH (Ch	eck only one)					
EXAMINER?	HOSPITAL:	utpetient 3 DOA 4	THER:	5 Residence	8 Other (Specify)					
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH FAN Netural 5 Peru 2 Accident Inve	28a. DATE OF INJUF	Y 28b. TIME O	F 28c. INJU WOR	RY AT		y) HOW INJURY OCCURED				
9 Culpido —	28e. PLACE OF INJI	IRY — At home, farm, streepecify)	street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
onel only	NG PHYSICIAN: To the best of my kr EXAMINER: On the basis of examine									
296. SIGNATURE AND TITLE OF	Mayon.	M.D.		29c. LICENSE NUI D3670		29d. DATE	SIGNED (Month, Day, Your)			
7600 Carrol	1 Avenue, Takon	na Park, Man	-	20912	•					
JUL 06	90 32. REGISTRAR'S S	GNATURE MICHAELE								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jus after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ATT	PECT.	IFS 31	m 2
T OF	10	Pour	E .
PITA	ERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	11.11
HOS	FUN	with	TAN
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TO BE

Adolph W.

31. DATE FILED (Modifin, Day, Year)

M.D.

Johnson,

	FOR S	TATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND N	MENTAL HYGIEN	E	90	20302
1	STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ICATE O		REG. NO.		12.7	IME OF DEATN
	Scott Davis	Meiss,	Jr.			July 9,	1990	YEAR	10 A M
		6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year) Aug. 29, 1		Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution, give street a				OR LOCATION OF DE		9c. COUN	TY OF DEATN	
5	1325 Stateside Driv	re			Spring		Mon	tgomer	*
DIRECTOR	Maryland Montgon	nerv		y, town or Loc Lver Spi				ł	LIMITS? YES 2 [X] NO
100	10e. STREET AND NUMBER	101 <u>j</u>	1 011		IOI. ZIP CODE		10g. CITIZ	EN OF WHAT	
N CH	1325 Stateside Driv	/ C WAS DECEDENT EVER II	N. 1. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 40 1170 0	20903			ed Sta	
BY FUNEHAL	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes,	specify Cuban, Maxica ES 2 NO Specify		or No-	Specify:	merican Indian, Ita, etc. Thite
3	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16s. DECEDENT'S	USUAL OCCUPA	FION nost of working	16b. KIND OF BUS	SINESS/IND		
COMPLET		ollege (1-4 or 5+)	life. Do NOT u	se retired.)	chnician	A & P G	rocer	v Ware	house
2	17. FATNER'S NAME (First, Middle, Lest)		Hainten	ance rec	V	ME (First, Middle, Malden		y ware	nouse
NE C	Scott Davis Meiss	Sr.	Was also				owsar		
2	19a. INFORMANT'S NAME (Type/Print) Betty D. Sloan					Route Number, City or Tow Lver Spring			13
	20a. METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 3 Removal	from State			cemetery, crematory or			City or Town,	
	4 Donation 5 Other (Specify)				Cemetery AND ADDRESS OF FA		oona,	PA	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	· lll	M00827	Rap	Funeral	Services, Silver S		. MD	20910
	23. PART I. Enter the diseeses, or companded, or heart fellure. List								Approximata interval Between
1	IMMEDIATE CAUSE (Final disease or condition	CARC	10 - Puc	MONAT	zy Are	ESST			6 Men
	resulting in death) a	DUE TO (OR AS	A CONSEQUENCE O	F):		ESSET CANCEN	- ()	10	6/2/60
5	Sequentially list conditions, b	DUE TO (OR AS	A CONSEQUENCE O	F:	usu ceu	C CANCE	Z W/	V (1)	0/1/40
3	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					
	PART II. Other significant conditions co	Avuic				Part I. 24a. WAS AN PERFO		AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE
PHYSICIAN: MEDICAL		rashic	VIcera	hian a	bleedi	1 TYES	≀ (Д∕ио	OF	DEATH?
Y N	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)			
		OSPITAL: Inputlant 2 ER/Out	patient 3 DOA	OTHER:	ome 5 X Residence			-	427
BY PH	27. MANNER OF DEATN 1 X Netural 8 Pending (Month, Day, Year) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO								
	2 Accident Investigation 3 Suicide 8 Could not be determined	26a. PLACE OF INJUR building, atc. (Spe	Y — Al home, farm, scify)	street, factory, o	ffice	261. LOCATION (Street City or Town, State	and Number	or Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN (Check only one) 2								d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	AA	Δ		29c. LICENSE NUI	MBER		E SIGNED (Mo	THE CAPPING SECTION
BE		Heund	win	w		D33109		uly 9,	

2520 Prosperity Drive, Silver Spring, MD

Julie Devidoon Randolle

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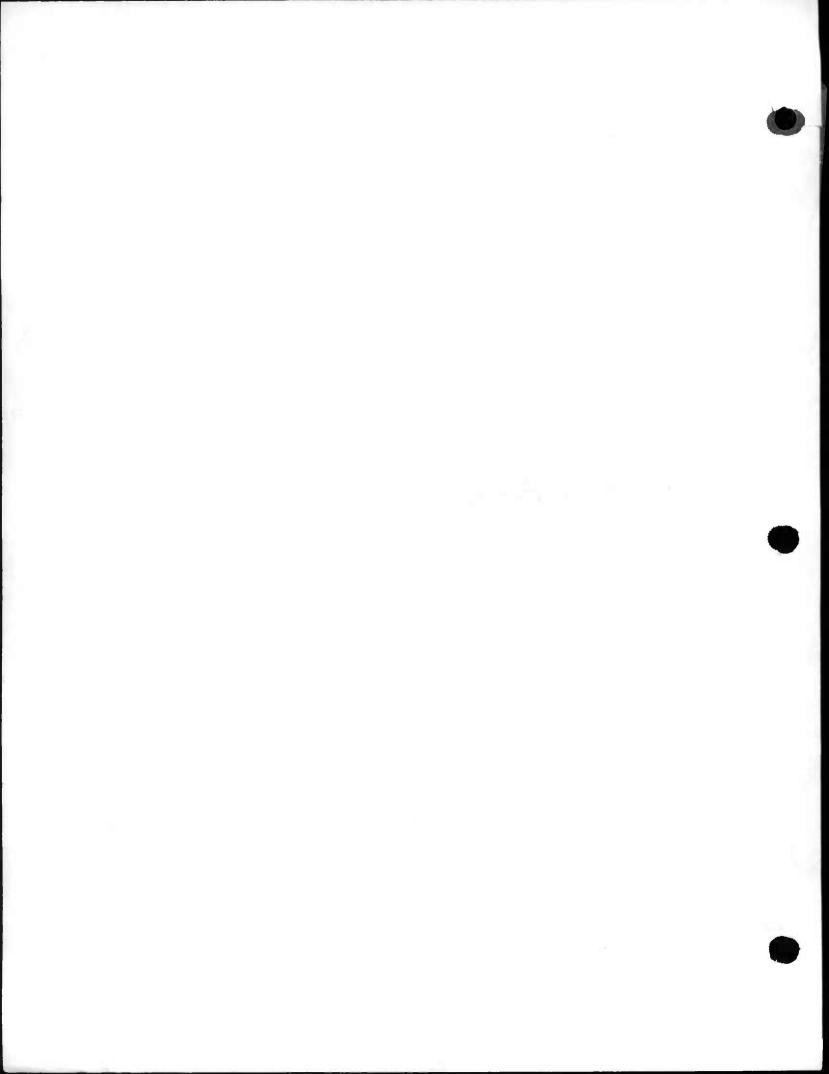
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-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I		HYGIENE REG. NO.
D	ECEDENT'S NAME (First, Middle, Last)		2 DATE O	EDEATH

1 - STATE REGISTRAR	SIAIE UF I	NAKYLANU /			OF DE		MENI	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH		YEAR	. TIME OF DEATH
John			Mosl	.ey			7	4		90	7:30 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia:		IF UNDER	1 YEAR IF UN	DER 24 HRS.	7. DA	TE OF BIRTH onth, Day, Year)	8	. BIRTHPI Country)	ACE (State or Foreign
		00	YRS.					y 1,193			ville,S.C.
9a. FACILITY NAME (If not institution, give			- 1	9ь. СІТҮ	, TOWN OR LOC				9c. COUNT	Y OF DEA	тн
4106 Old Crain	Highway				Upper	Marlb	oro		Pr:	ince	George's
10s. STATE 10b. COUNT	•	-1-			R LOCATION					1	0d. INSIDE CITY LIMITS?
	nce Georg	ge's	Up	per	Marlbo						X YES 2 NO
3910 Bishopmil	1 P1.				10f. ZIP C 20	772					at country? States
11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 MAR OR DATES	RMED NO		WAS DECENDEN If yea, specify C	uban, Maxic	an, Puar	GIN? (Specify Yas to Rican, atc.)	or No— 1	Black, Specify:	- American Indian, White, atc. 31ack
15. DECEDENT'S ED			ECEDENT'S		CCUPATION during most of w	addina	1	16b. KIND OF BU	SINESS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	a. Do NOT us	e retired.)	nalyst	жинд		Federal	Danos	od + -	Ins. Corp.
17. FATHER'S NAME (First, Middle, Last)			ошрис	.61 7					-) I L .	ins. corp.
Florence Yearg	an				18. N			st, Middle, Malden Mosley			
19a. INFORMANT'S NAME (Type/Print)		10	b. MAILING	ADDRESS	S (Street and Nun			umber, City or Tow		Code)	
Phillip Mosley								ver, Ma			785
20s. METHOD OF DISPOSITION 1 1 Burial 2 Commation 3 Res 4 Donation 5 Other (Specify)								rion – City or Town, Stata Lland, Maryland			
21. SIGNATURGOF FUNERAL SERVICE L	-/			NAME AND ADD	-	ACILITY	MoCuir	o Fund	201	Service	
Marie	2	1-00	*		7400 G	eoroi	a A				on, D.C.
IMMEDIA/E CAUSE/Final disease or condition resulting in death)	a. DUE TO	Multi (OR AS A CONSE			ies						Onset and Death
Sequentially list conditions, if ery, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algnificent condition	ns contributing to	deeth but not	reaulting (n the u	ndarlying caus	se given li	Part I.	PERFOR	RMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
								tX YES 2	! ∐ NO		PF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE C	F DEATH (C	heck only	y one)			
1 YES 2 □ NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE!		Realdence	6 (X) 8	ther (Specify)	scene		
27. MANNER OF DEATH	26a. DATE Of (Month, L		26b. TIM	E OF URY	28c. INJURY A	r	28d.	DEŞCRIBE HOW	NJURY OCCU	RED	
1 Natural 6 Pending 2 Accident Investigation	7/4/	90	7:15	₽ м	1 TYES	2× NO	dri	ver in	auto/	fixe	d object in
3 Suicide 6 Could not be	28e. PLACE (building	OF INJURY — At he etc. (Specify)		street, fac	tory, offica		26f. L	OCATION (Street	and Number o	r Rumi Ro	
4 Homicide datarmined		roa	adway				Mar	lboro.	Pr.Ge	о- <u>С</u> о	way, upper
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMIN	BICIAN: To the best of										and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF				-		LICENSE NU					Aonth, Day, Year)
Ushite 1	he yy	rell			290.	OCMI			DATE	7/5	
30. NAME AND ADDRESS OF PERSON W Margarita A. Ko					onn Ct			Da1±2-			21201
31. DATE FILED (Month, Day, Year)			1.	TT F	enn St.			Baltin	ore,	Ma.	ZIZUI
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	· 0	00							





3. TIME OF DEATH

DHMH-18 Rev 1/89

7. DATE OF BIRTH (Month, Dey, Year)
Oct. 10,1899 Washington, D. C.

1 - FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

579 52 6474

MOORE 5. SEX

1 M 2 F

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13146	- betream
BOX	reinante ha
P.0	don'th on
ORDS	a short sha
REC	as manifester
ITAL	Mr. The La
OF V	DUNCTOLA
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ADDITED AN ATTENDING DENDENDARY The law exactions that the death series and money and wide
5	8
	No Dirta

NO.	9a. FACILITY NAME (If not institution, give Carroll Manor N		e	9			or LOCATION OF DI	EATH			9c. COUNTY OF DEATH Prince George		
DINECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COUN Maryland Pri	nce George		10c. CITY, 1		R LOCAT						Dd. INSIDE CITY LIMITS? VES 2 \(\text{NO} \) NO	
	100. STREET AND NUMBER 4922 LaSalle F	101. ZIP CODE 20782								States			
	11, MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES					ecify Cuben, Mexico	n, Puerto		n or No	14. RACE — Black, V Specify:	American Indian, white, atc. Black	
	15. DECEDENT'S EC (Specify only highest gra-		184	Give kind of wor life. Do NOT use r	k done d etired.)	CUPATIO	ON at of working	161	U.S.				
	17. FATHER'S NAME (First, Middle, Lest) John Scipi	17. FATHER'S NAME (First, Middle, Last) John Scipio Winkfield					16. MOTNER'S NA		Middle, Maiden Le Gor				
	19a. INFORMANT'S NAME (Type/Print) Eloise F. Brown				Ave., N. W					011			
	20e. METHOD OF DISPOSITION 1	moval from State	20b. PL	ace of disposit E Olivet	Ce	met	metery, crematory or Pry			shing			
	21. SIGNATURE OF TUNESTAL SERVICE UNITE MCGuire Funeral Service Inc. 7400 Georgia Ave, N.W., Washir											D C 2001	
	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. MYCLOCUMONIC CAMPDIOMS CLUMONIS C										yms		
The state of the s	PART II. Other algnificent condition ICFT WWENLIN ADENCE STEWNS	he underlying cause given in Part I.				24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1/NO		ERE AUTOPSY FINDING MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	D/Outs at la		THEF	1 :	LACE OF OEATN (C)						
	27. MANNER OF DEATH 1 Natural 8 Pending	28e. DATE OF IN (Month, Day,	JURY	28b. TIME ()F	28c. IN.	Ne 5 Residence ULRY AT DRK? YES 2 NO	v	SCRIBE NOW	INJURY OCC	UREO		
	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28a PLACE OF I	NJURY (Specify)	At home, farm, atro	et, fact	ory, offic		28f. LOC	261. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
	onel	SICIAN: To the bast of my										nd manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU			29d. DATE	SIGNED (N	Jonth, Day, Year)			
2		MADER M	054	91 MACI	ini) PRT	ruk	BUDIN	MA	HDC ~	20011			
	JUL 0 9 '90	32. REGISTRAR'S		ne Randell	2								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR | IF UNDER 24 HRS.

DAYS

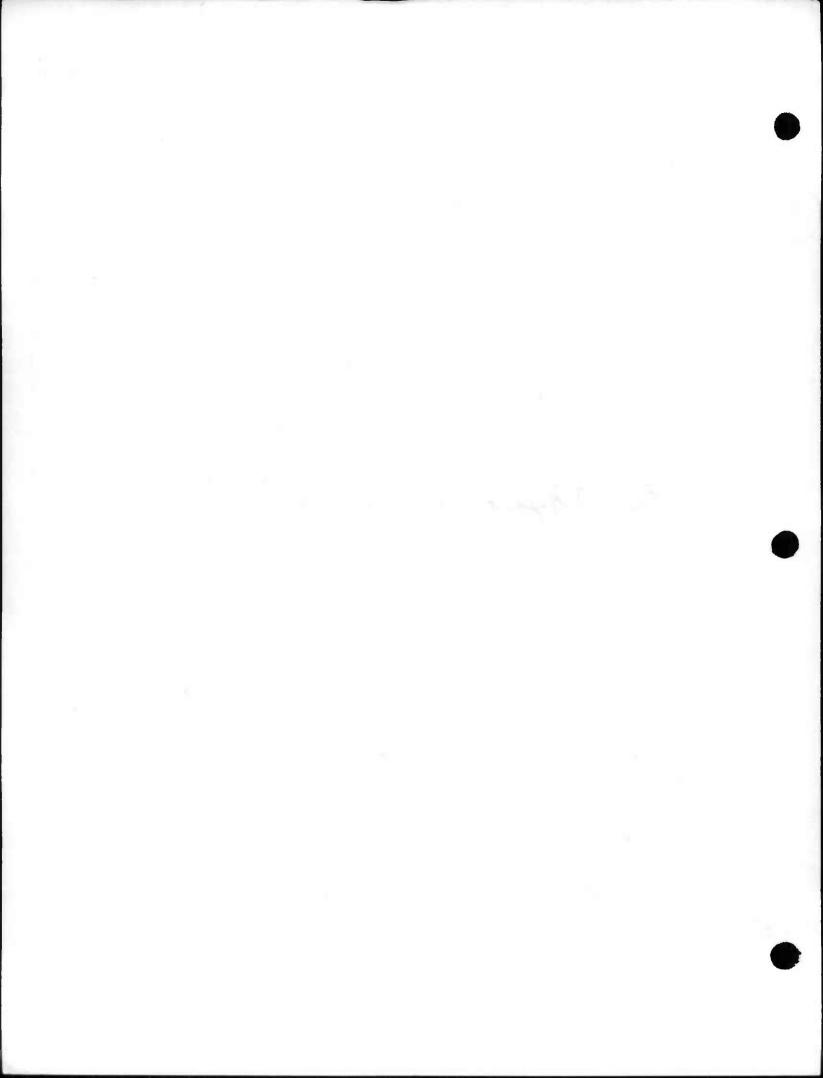
6. AGE (in yrs. lest birthday)

2. DATE OF DEATH

ביים, שארוושטים, שאווראם,	cuted within 24 hours after death. Page 6 may be retained by the hos	d completely filled in by the funeral director, page 5 should be detach untal, cremation, or removal.	tic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 20 hours after death with the State Deat, of Heath and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

												90	20305
FOR STATE REGISTRAR		STATE OF I	/ARYL					IEALTH DEAT		MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First,	Middle, Last)							**		2. DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
		Alice A	. Ma	yock							1990		6:00 a M
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE ((In yrs. last b	oirthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTE	IPLACE (State or Foreign
171-24-2268	3	1 ☐ M 2 XXF	7	9	YRS.	WONTHS	DAYS	HOURS	mitte.	7. DATE OF BIRTH (Moeth, Day, Year) February 6, 191	1		nsylvania_
9a. FACILITY NAME (If not in:	stitution, give s	treet and number)				9b. CITY	r, town (OR LOCATIO	ON OF DE			NTY OF D	DEATH
		ley Nurs	ing :	Home				Roc	kvil	le		Mon	tgomery
RESIDENCE OF DEC	EDENT												
10e. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY LIMITS?
Maryland	M	ontgomer	У					Ro	ckvi	lle			1 TES 2 KINO
10e. STREET AND NUMBER							10	f. ZIP CODI	E		WHAT COUNTRY?		
6909 Horizon Terrace 20855							U	United States					
11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Divo		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES					WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 VES 2 N NO Specify:						E — American Indien, k, White, etc. #y: White
	EDENT'S EDU			(Give	kind of	work done	JSUAL OCCUPATION ork done during most of working 16b. KIND OF BUSINESS/INDUSTRY						
Elementary/Secondary (0	-12)	College (1-4 or 5	+)	life. D		se retired.)							
12					Su	perv	risor	:		Manufacturing			
17. FATHER'S NAME (First, M	iddle, Last)							18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)		
Jol	nn F.	Gallaghe	r							Maria Con	noll	У	
19a. INFORMANT'S NAME (7	ype/Print)			19b.	MAILING	ADDRES	S (Street	and Number	or Rural i	Route Number, City or Town	n, State, Zij	p Code)	
Patrio	cia An	toniacci		6	909	Hor	izor	Ter	race	Rockville	, Ma	ryla	nd 20855
20a. METHOD OF DISPOSITI	n 3 🗆 Ram	ioval from State	201	other place	e)							•	own, Stata
4 Donation 5 Other	(Specify)			St	. <u>Jo</u>	seph	Cen	neter	У	Minn	ooka	, Pen	nsylvania
21. SIGNATURE OF FUNERA	L SERVICE LI	Keshar	f	M003	335	22. R R A	obei locki veni	np ADDRE Tille Tille Te Ro	SS OF FA Pun In Ckvi	curv iphrey Fune ic. 300 Wes 11e, Maryl	ral t Mo	Home ntgc 2085	emery 0
23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.													

	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTHE Country	PLACE (State or Foreign
	171-24-2268	1 M 2 XXF	79	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb	Fuary 6, 191	1		nsylvania
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	, TOWN 0	R LOCATI	ON OF DE		0,,		NTY OF DE	
Œ.	Potomac Val	low Nurs	ing Home	Home Rockville								Mont	-domern
E	RESIDENCE OF DECEDENT	ing nome			Rockville Montgomer							-gomery	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					-T	10d. INSIDE CITY LIMITS?
5	Maryland Me	ontgomer	V				Ro	ckvi	11e			1	1 TES 2 TONO
	10e. STREET AND NUMBER					10f	. ZIP COD				10g. CIT		HAT COUNTRY?
3	61	zon Terr	3.00				2085	5		11	nited	States	
FUNERAL	11, MARITAL STATUS		T EVER IN U.S. ARI		13 \	WAS DEC				? (Specify Yas	_		- American Indien,
	1 Never Married 2 Married	FORCES? 1	YES 2XN	10	1	If yes, spe	ecify Cuba	ın, Maxica	n, Puarto I	Rican, atc.)	0.10-	Bleck,	White, etc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE Y	WAR OR DATES		'	I 📋 YES	2 💢 NO	Specin	y:			Specify	White
	15. DECEDENT'S EDUC	ATION	18a, DE	CEDENT'S	USUAL OC	CCUPATIO	ON		16b.	KIND OF BUS	INESS/INC	DUSTRY	***************************************
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Gi	ve kind of v Do NOT us	work done one retired.)	during mo	at of worki	ng					
7	1.2	College (1-4 of 5	"	Su	perv:	isor				Ma	nufa	cturi	ing
<u>×</u>	17. FATHER'S NAME (First, Middle, Last)						_	HER'S NA	ME (First, I	Widdle, Maiden			
	John F.	Callagha	~				10. 110.			ia Con		37	
BE	19a. INFORMANT'S NAME (Type/Print)	Jarragne		- MAII INC	ADDDESS	P (Charat a	and Miranha	an Ormal		ber, City or Town			
٩													3 00055
	Patricia An	contacci	7						ROC			-	nd 20855
- 1	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rame	oval from State	20b. PLACE other pla	ece)			,,	,				City or Tov	
	4 Donation 5 Other (Specify)		_ S	t Jo	seph					Minn	ooka	, Penr	nsylvania
	21. SIGNATURE OF FUNERAL SERVICE LIC		22. R	ober	t A	ss of fa Pun	auty lohre	v Fune	ral	Home	/		
	▶ 10 .	K /	/ MOO	335	R	ockv	ille	Cky	C123	y Fune 00 Wes Maryl	t Mo	ntgoi	nery
	23. PART i. Enter the diseases, or p	omplications the			not antar	the mo	da of dy	ing. auc	h as carr	liac or reapi	ratory ar	reat.	Approximata
	ahock, or heart fallura.	List only one car	use on each line									oner,	intarval Between
ı	iMMEDIATE CAUSE (Final disease or condition				,		1	1.					Onset and Death
	resulting in death)	DUE TO	dio resp	2 Dart	7	11	Tres	7					P
		DUE TO	OR AS A CONSEC	DUENCE O	F):	,							
8	Sequentially list conditions,	My a	OR AS A CONSE	Jy	tou	from							Manh
Ē	if any, leading to immediate cause, Enter UNDERLYING	DOE 10	(On AS A CONSEC	JOENCE O	· j.								į .
5	CAUSE (Disease or injury	DUE TO	(OR AS A CONSEC	DUENCE O	E)·								
ĒΙ	that initiated evants reaulting in death) LAST	552 10	(on no n conce	JOENOE O	. ,.								i I
CERTIFICATION		s											
	PART il. Other significant condition	s contributing to	death but not r	asulting	in the un	ndarlyin	g cause	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
5	Chronic Obit	he ha	Prlne	20	tese					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	States Post	0-2	200	1 -1	1 7	- 1	-/			1 TYES 2	MO NO		DF DEATH?
ਬ	3+2/V1 101T	177187	Moun	edy	1	1 /2rd	The					1	1 TYES 2 NO
Z													
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОДНЕ		LACE OF E	DEATH (Ch	neck only or	10)			i
YSI	1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpetlent 3		4 Nun	naing Hom		esidence	8 🗆 Othe				
표	27. MANNER OF DEATH	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TIN	IE OF JURY		IURY AT ORK?		28d. DE	SCRIBE HOW I	NJURY OC	CUREO	
BY	1 Natural 5 Pending 2 Accident Investigation				м	1 🔲	YES 2 [_ NO					
	3 Suicide 8 Could not be		OF INJURY — At he	me, farm,	street, fact	tory, offic				ATION (Street a		or Aural A	oute Number,
1	4 Homicide determined												
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, de	ath occurr	red at the t	time, date	and place	e, and due	to the car	use(a) and mar	ner as sta	rted.	
2	one) 2 MEDICAL EXAMINE												and manner as stated.
8													
BE	29b. SIGNATURE AND TITLE OF CERTIFIED						1	ENSE NU	- 0				(Month, Day, Year)
6		m					03	36	7+			7/8	196
	30. NAME AND ADORESS OF PERSON WH							1 .			-		4
					4			## /	-00		/		/ Alle 3
	Edward J Da			21	Exe	SOM	2 /	inh	Cr.	26	6-6	mari	12m 110
	31. DATE FILED (Month, Dey, Year) JUL 0 9 '90	32. REGISTR	AR'S SIGNATURE			ant.	~ /	inh	Cr.	~ C.	6-6.	mai	20894



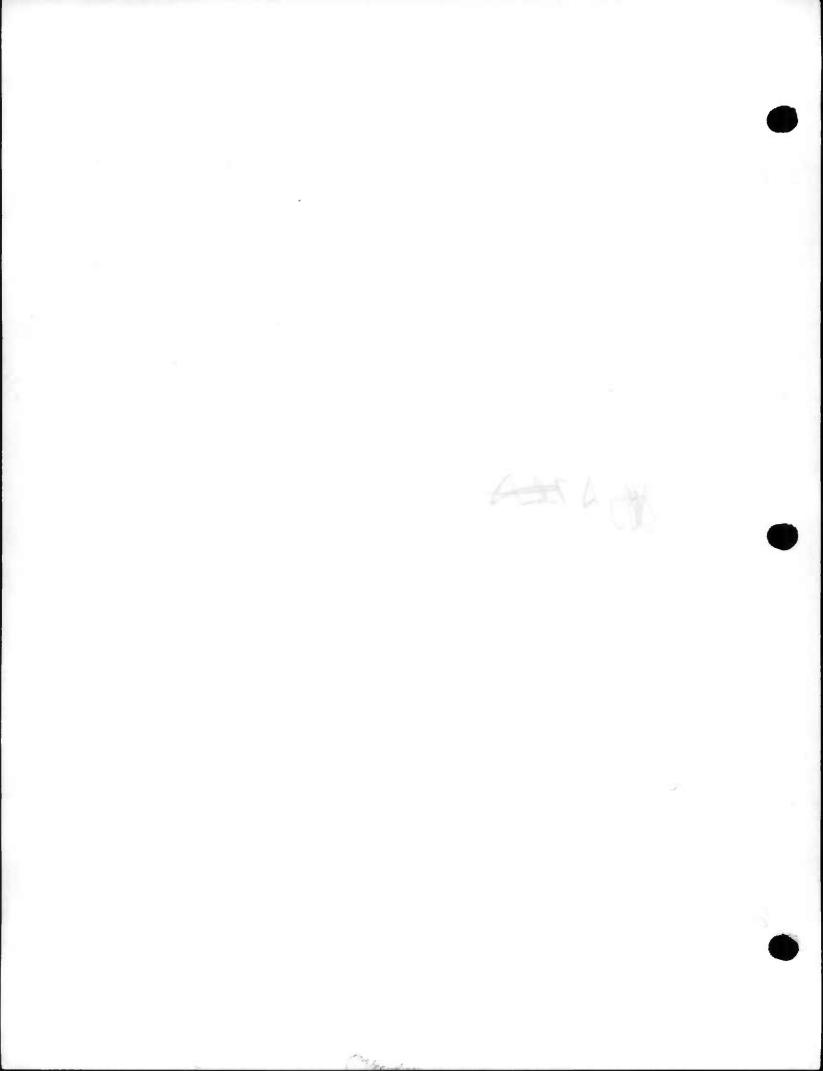
BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, hours after death with the State Debt, of Heath and Mental Hyglene prior to burial, cremation, or removal.
OX 1	ate be ex	ysician a prior to
O. B	certifica	nding phy Hygiene
S, P.	ne death	the atter Mental
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in bours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.
ITAL	N: The la	ficate has State Deg
OF V	HYSICIA	his certity with the
NO	DING P	death v
DIVISI	L OR ATTEN	L DIRECTOR:

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within 2 curs after death.	pletely filled in by the funeral	remation, or removal.	ent, the medical examir
th certificate be executed w	tending physician and comp	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	or other traumatic eve
e law requires that the dea	has been signed by the att	Dept, of Health and Menta	1 23 shows any injury,
TTENDING PHYSICIAN; Th	TOR: After this certificate	after death with the State	28 Is marked, or item
TO THE HOSPITAL OR AT	TO THE FUNERAL DIREC	be filed within 72 hours	IMPORTANT: If item

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)								7.		OF DEATH			3. TIME OF DEATH	
Sarah		Michelle				Mil	ler			MONTH 7	4 DA		YEAR	9:05 P. M	
			E (In yrs. last birthday)			IF UNDER 1 YEAR IF UNDER 24 HR			7. DATE OF BIRTH		8. BIRTHPLA		PLACE (State or Foreign		
114 40 7562 1□M2ଔF 2!			5	YRS.	MONTHS	DAYS	DAYS HOURS MIN.			, Day, Year) E.23,19	964		New York		
9a. FACILITY NAME (If not institution, give street and number)						9b. Cf	TY, TOWN	OR LOCATION	ON OF DE	EATH		9c. COU	NTY OF D	EATH	
Dam 3 - Harpers Ferry							arpe	rs Fe	rry			Washington			
RESIDENCE OF DECEDENT															
Maryland		ntgomery 10c. CIT											10d. INSIDE CITY LIMITS?		
10a. STREET AND NUMBER	Potomac 101. ZIP CODE						1 ☐ YES 2 1 NO								
							20854					United States			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American I 15. Was specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American I 15. Was specify Cuben, Maxican, Puerto Rican, etc.)															
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White															
15. DEC	EDENT'S EDU	CATION					OCCUPAT			18b	KIND OF BUS	INESS/INC	DUSTRY		
Elementary/Secondary (1	College (1-4 or 5	+)	ilfe.	Do NOT u	work don se retired	ne during ri d.)	nost of working	ng						
•		1		Ac	coun	t E	xecu	tive				Sale	S		
17. FATHER'S NAME (First, M											Middle, Maiden				
Merrill S.	Mille	r						Pa	tric	cia N	oreen	Hoga	n		
19a, INFORMANT'S NAME (198							ber, City or Town				
Merrill S,	Miller				117	10	Devi	lwood	Cou	ırt,	Potoma	c, M	aryl	and 20854	
20a. METHOD OF DISPOSIT	ION on 3 🗆 Ram	oval from State		other ple	tce)	SITION (Name of cemetery, crematory or						wn, Stata			
4 Donation 5 Other	* * * * * * * * * * * * * * * * * * * *		_ Mo	ontg	omer			coriu						Maryland	
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE				2	LIOTO	AND ADDRE	SS OF FA	CILITY R	obert	A. P	umph	rey Funeral	
Home/Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805															
23. PART V Earlier the d	Iseases, Dr	complications th	et ceuse	d the de	ath. Do	not ent	ler the m	node of dy	ing, suc	th as care	diac or respi	ratory an	rest,	Approximate	
IMMEDIATE CAUSE (Fig		List only one ce	use on e	each line										Interval Between Onset and Death	
disease or condition_	-	Dr	owni	na											
resulting in death)		a			DUENCE O	F):					<u> </u>			1	
		h													
Sequentially list condit		DUE TO	OR AS	A CONSE	DUENCE O	F):									
ceuse. Enter UNDERLY CAUSE (Disease or Inju	ING	c													
thet initieted events		DUE TO	OR AS	A CONSE	DUENCE O	F):									
resulting in deeth) LAS	"	d													
PART tl. Other significa	ent condition	ns contributing to	deeth l	but not i	eeuiting	in the	underiyi	ng ceuse	given in	Part i.	24a. WAS AN		24b	. WERE AUTOPSY FINOINGS	
									PERFORMEO?				AMAILABLE PRIOR TO COMPLETION OF CAUSE		
											XXIES			OF OEATH? 1\(\sum_{\text{YES}} 2 \sum_{\text{NO}} \)	
														.V-V	
25. WAS CASE REFERRED 1	O MEDICAL						28.	PLACE OF D	EATH (C	neck only o	ne)				
EXAMINER?		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTH 4 N	IER:	ome 8 🗆 R				scen	ie		
27. MANNER OF DEATH	-	28a. DATE O	F INJURY		28b. TIR	AE OF	28c. II	NJURY AT			SCRIBE HOW I				
1 Netural 5 Pending (Month, Day, Year) INJ							OP M 1 VES 2XX NO drov				wned while wading				
2 Suitolde 28a. PLACE OF INJURY — At home, farm,					, street, factory, office 281, LOCATION (Str					CATION (Street	at and Number or Rural Route Number,				
4 Homicide determined building, etc. (Specify)					er Dam 3 - Harpers					s Fe	rry Wash. Co				
29a. CERTIFIER . CESTIFYING BAYEIGIAN. To the host of an internal day of the second of															
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.															
266. BIGHATURE AND TITLE			(7											
The state of the s															
30. NAME AND AODRESS O	E DEBRUM MA	D COMPLETED CAL	USE OF D	EATH	M 271 /5c	a Print			CME				/-	6-90	
		le, Jr.,		1.7	mer) (nyp		111	Penn	St	Ral+	o., Mo	. 2	1201		
31. DATE FILED (Month, Day,		32. REGISTR						- CIHI	00.1		, 110		VI		
nu O	000				Rande	00									
JUL U	7 30	Jun	U WW	14(CO)/~	muna	11/10									



1	-	STATE REGISTRA
Г.		

STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		STATE OF MART	CE	RTIFIC		F DEATH	MICH	REG.			
1. DECEDENT'S NAME (First,	Middle, Last)	Howard C	arey	MACHE	EN			DATE OF DEATH	1	WEAR	3. TIME OF DEATH
Howar	d (Mache	n					HTMOI	19	90 AR	3:35 PM H
4. SOCIAL SECURITY NUME		5. SEX 8. AGE	(In yrs. last		IF UNDER 1 YE			ATE OF BIRTH Month, Day, Yea		8. BIRT	HPLACE (State or Foreign
188-09-5028		1⊠M2□F 85	5	YRS.	ONTHS DAY	'S HOURS MIN		lay 24,			,,
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOV	N OR LOCATION OF		21,		UNTY OF	
Washington	County	Hognital		A	На	gerstown			Was	hingt	·on
RESIDENCE OF DEC	EDENT	mospital.			IIa	gerstown			1		. 011
10a. STATE	10b. COUNT			- //	TOWN OR LO						10d. INSIDE CITY LIMITS?
Maryland	Wash	ington		На	igerst	own					1 YES 2 NO
104. STREET AND NUMBER						101. ZIP CODE			10g. C	ITIZEN OF	WHAT COUNTRY?
1300 Hamilt	on Bou	levard				21740			US.	A	
11. MARITAL STATUS		12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARA	(ED		DECENDENT OF HIS				14. RAC	E — American Indian,
1 Never Married 2		IF YES, GIVE WAR OR		0		, specify Cuban, Mer YES 2 NO Sp	rican, Pu- ecify:	erto Rican, atc.)	Spec	ck, White, etc.
3 Widowed 4 Dive	rced									wh:	ite
	EDENT'S EDU		16a. DEC	EDENT'S U	SUAL OCCUP	ATION most of working		16b. KIND OF	BUSINESS/I	NDUSTRY	
Elementary/Secondary (0		College (1-4 or 5+)	Mo.	Do NOT use	retired.)	, , , , , , , , , , , , , , , , , , , ,					
1.2		0		insp	ector			airo	craft		
17. FATHER'S NAME (First, M						18. MOTHER'S	NAME (F	irst, Middle, Ma	iden Sumame) /	
John S. Mac	chen					Ann	ie I	Bryant			
194. INFORMANT'S NAME (Type/Print)					et and Number or Ru					
James Harsh	ıman		F	Route	2, Bo	x 397, S	mith	nsburg	Md.	2178	3
20a. METHOD OF DISPOSIT			0b. PLACE C	F DISPOSE		cometery, crematory	_		LOCATION		
1 N Burial 2 Crematic		oval from State	Rest	Have	n Ceme	town	, Maryland				
21. SIGNATURE OF FUNERA		ENSEE				E AND ADDRESS OF	FACILIT		парето	COWII	, rial y Land
5	The	-00			MIN	NICH FUN	ERAI	HOME			
00	201	1/0)00	in	16	415	E. Wils	on I	Blvd.,			, Md. 21740
23. PART I. Enter the d	seases, or	complications that caus	ed the dea	ith. Do no	t enter the	mode of dying, s	uch as	capping or re	espiratory a	arrest,	Approximate
IMMEDIATE CAUSE (Fir		List only one cause on	A seed mine.	1	1			4 1	0	-	Onset and Death
disease or condition	-	(Mu	th	11	c M	mary	1 6	mo	de		Moloma
resulting in death)		DUE TO (OR AS	A CONSEQ	UENCE OF		/		J. U.		W	10.000
	-					/					
Sequentially list condit if any, leading to imme		DUE TO (OR AS	A CONSEQ	UENCE OF		/					
cause. Enter UNDERLY	ING										
CAUSE (Disease or Injuthat initiated events	ny)	DUE TO (OR AS	A COMSEQ	UENCE OF)							
resulting in death) LAS	T	4									
-	_	-						_			
PART II. Other significa	ant condition	is contributing to death			A	0 6		I. 24s. WAI	S AN AUTOPS REORMED?	Y 24	b. WERE ALITOPSY FINDINGS AWAILABLE PRIOR TO
- (little	neley	dic Cereb	2010	ne	er	derios	4	T YE	8 2 5 NO		OMPLETION OF CAUSE OF DEATH?
1 0 1	. A. mit	Traa									1 TYES 2 NO
Herr	dearen	COPC									
25. WAS CASE REFERRED T	O MEDICAL				. 2	. PLACE OF DEATH	(Check o	nly sine)			
1 C YES 2 NO		HOSPITAL:	dustient 3	DOA	OTHER:	Home 5 🗆 Residen	. 417	Other (Smooth)			
27. MANNER OF DEATH		28s. DATE OF INJUST	y	20b. TIME	OF 28c	INJURY AT	-	L DESCRIBE HO		OCCURED	
1 Returns 5	Pending	Monthy Day, Was		BUU		WORK?		11.1	la	10	
2 Accident	Investigation	28s. PLACE OF HULL		no, faces, et	rest, factory,		201	LOCATION (Se	WHYW	ber or Russi	Rouge Number
3 Sufcide 6	Could not be determined	building, etc. (S		Llen	W	-	1	City or Tawn, S		and the systematic	Paris Marigas.
				ACA	-		_				
Extractic cond	TIFYING PHYS	ICIAN: To the best of my kn	rwiedge, der	eth occume	d at the time,	date and place, and	due to th	se cause(x) and	manner as a	rtated.	
one) 2 MED	NCAL EXAMBI	R: On the basis of examina	Son and/or i	nvestigation	, in my opinio	on, death occured at	the time,	, date and piec	e, and due to	the cause	(a) and manner as stated.
296. SIGNÁTURE AND PITTS	OF CERTIFIE	10 /	U D	1 1		29c. LIGENSE	Mnimeh	111	29d. D	ATE SIGNE	D (Month, Digit New)
(/nh)	1)20	ull III	levely	v//	MACU	at 110	14	359	•	7//	5 190
36. NAME AND ADDRESS O	F PERSON WE	O COMPLETED CAUSE OF	DEATH (ITE)	27) (Non	frint) s	7 1/0	-	1		41	4//
Kobert	- B	rull 1	459	1	7 1	rec Au	e i	Na	geri	tou	m
31. DATE FILED (Month, Day	90	3 gula de	7245E	Mandel	Z.	•			/		

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mouts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

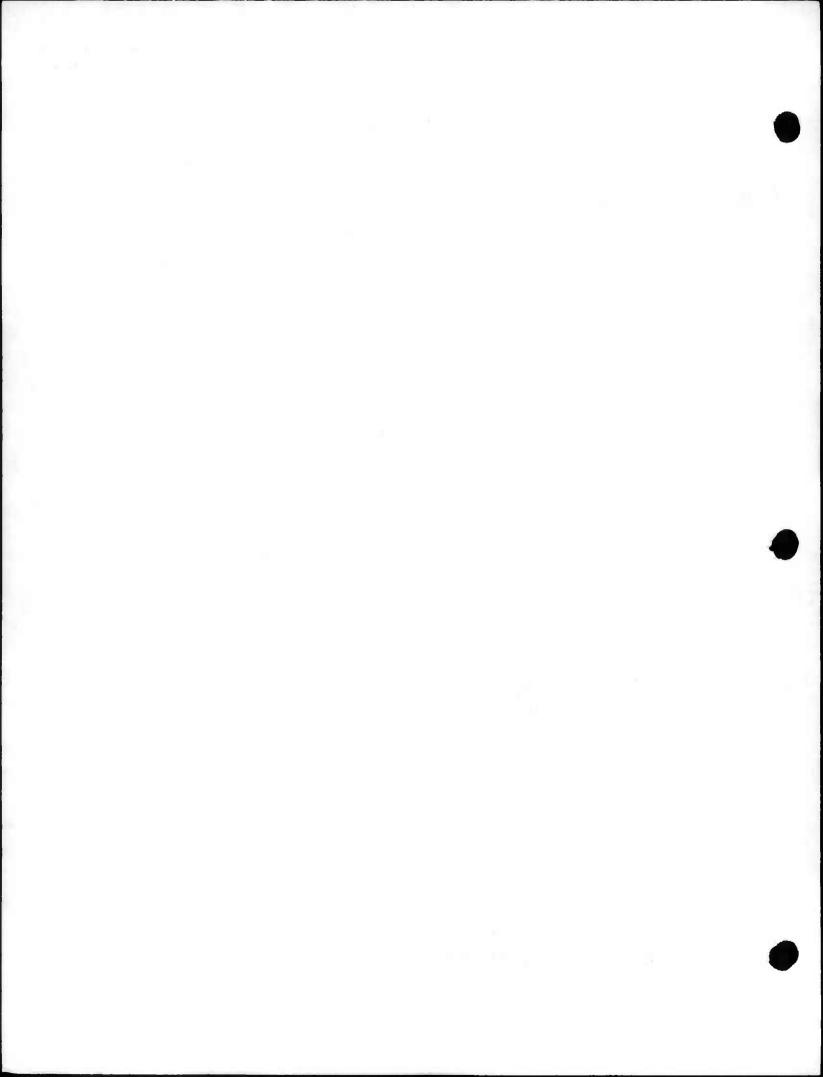
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/88

מאדו שכטבי שעט וראום	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within x-nouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	IR AT	IRECTIONS 3	E
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	0 TH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPC
	P-S	- 4	_

	FOR STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR ERTIF	TMENT	OF H	HEALTH DEA	AND N	MENT/	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)	Reube	n Lorra	ne M	USEY				2. DAT	E OF DEATH	\$ 2	ZEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 1 STATE OF INTERPRETARY NAME (If not in	4357	5. SEX	6. AGE (In yrs. Is		IF UNDER	DAYS	IF UNDER	MIN.	(Month, pay, Year)			Country) Mary	
H _O	Washington	Count		al		96. CITY		erst		ATH	′ ′		ingto	
EG	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y, TOWN (OR LOCA	TION					100	I. INSIDE CITY
DIRECTOR	Maryland	Wasi	hington		Hagerstown							1 X YES 2 NO		
PUNERAL	758 Jeffers								USA	N OF WHAT	COUNTRY?			
ВУ	11. MARITAL STATUS 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☑ YES 2 ☐ IF YES, GIVE WAR OR DATES												hita, etc.	
		EDENT'S EDU			ECEDENT'S	work done	CCUPATI	ON ost of world	na	16	86. KIND OF BUS	INESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)					Dir. of Purchasing college								
T7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnam											Sumame)			
BE C	William L.					Paul:	ine	Pryor						
10 B	19a. INFORMANT'S NAME (mber, City or Town						
	Rosie Muse									Hag	gerstow			
	20a. METHOD OF DISPOSIT 1 St Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	other p	of DISPO							r Spr		
	21. SIGNATURE OF FUNERA		~						SS OF FAC					
	→ Sco	Am	unne	ef			MINN 415	VICH E. W	FUNE	RAL n B	HOME lvdHa	gerst	own,	Md. 21740
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Onset and Death													
CERTIFICATION	Sequentially list condit if any, leading to imme	diate	QUENCE OF):											
FIC	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events		c	OR AS A CONSI	EQUENCE OF):									
ERT	resulting in death) LAS	T	d											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. HYPUTERS TOPS: DIABETES MIZUTES 1 YES 2 400 24a. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO												AILABLE PRIOR TO MPLETION DF CAUSE DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:			I 0=:		LACE OF I	DEATH (Che	eck only	one)			
Sic	1 TES 2 NO		1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 - Nu	R: raing Ho	me 5 X	lasidence	8 🗆 Ot	ther (Specify)			
ВУ РН	April 100 miles	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. D	DESCRIBE HOW II	NJURY OCCU	PRED	
	# Accident 3 Suicide 6 4 Homickie	Could not be determined	28e. PLACE building	OF INJURY — At I	ome, ferm,	m, street, factory, office					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	MED 2 MED	ICAL EXAMINE	7											nd menner as stated.
BE	29h. Signature Con Titu	Wer	·) _T	Ame	P	1451	1/92	29c. LIC	ENSE NUM	MBER O	6	29d. DATE	SIGNED (M	orith, Day, Year)
5	30. NAME AND ADDRESS O	PERSON WI	O COMPLETED CAL	USE OF DEATH (IT			755	-14	TO 1 415	2	De	Hne	5-15	700/0 /

Julia Savidson-Randall



REGISTRAR	1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lost)			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH						
	Naomi L. McCardell	AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	July 10		7:50 P.M.m						
	220-18-2479 1□ м 2 ⋈ ғ	Countr	PLACE (State or Foreign y) yland									
	9e. FACILITY NAME (If not institution, give street and number)	9	. CITY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF D							
PO PO	Williamsport Nursing Home		Williamsport	GTON								
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CITY, 1	OWN OR LOCATION			10d. INSIDE CITY						
- DIR	Maryland Washington	Will	iamsport			LIMITS? 1 XYES 2 NO						
VERAI	6 S.Vermont St.		101. ZIP CODE 21795		10g. CITIZEN OF WHAT COUNTRY? USA							
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (1)	YES 2 X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES 2 X NO Specify	n, Puarto Rican, atc.)								
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY	STRY						
	Elementary/Secondary (0-12) College (1-4 or 5+)	1.11.7.010.00.00.00.00.00.00.00.00.00.00.00.00	done during most of working stired.)	٨٠٠٥	was Mans							
MP		Seamsr			raf Manf	•						
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) John William	Obitts,Sr		ME (First, Middle, Melden nce Rebe		ung						
TO B	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural I									
F	Airy M.Murray	.Williamsp										
	20a, METHOD OF DISPOSITION 1 DABurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Riverview	on (Name of cometery, cremetory or Cemetery	Wil	CATION - City or To	t, MD 21795						
	22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOMES P.O.Box # 348 Williamsport, MD 21											
	23. PART I. Enter the diseases, or complications that ca ahock, or heart failure. List only one cause	used the death. Do not on each line.				Approximata Interval Between						
	IMMEDIATE CAUSE (Final					Onest and Death						
	resulting In death) a. Genitourinary Sepsis Due TO (OR AS A CONSEQUENCE OF):											
_												
TIO	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or Injury	AS A CONSEQUENCE OF):										
CERTIFICATION	that initiated events resulting in death) LAST	A CONTRACTOR OF A										
2	PART II. Other significant conditions contributing to des	oth but not negative to		B. 41 41 42 41								
8	Insulin dependent diabete		tha undariying cause given in	Part I. 24a. WAS AN PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE						
EDICAL				1 [] YES 2	: ₫ NO	OF DEATH?						
Σ	Right hemispheric cerebra	1 intarct		_		1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)								
Sici	EXAMINER? 1		THER:									
PHYSICIAN:	27. MANNER OF OEATH 26s. OATE OF INJ	URY 28b. TIME (28d. DE\$CRIBE HOW II	NJURY OCCUREO							
ВУ Р	1 Netural 5 Pending (Month, Day, 1) 2 Accident Investigation	(bar) INJUR	WORK? M 1 YES 2 NO		A THE STATE OF							
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	JURY — At home, ferm, atre (Specify)	et, factory, office	261. LOCATION (Street of City or Town, State)		Route Number,						
Z.E	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my	knowledge, death occurred	at the time, date and place, and due	to the cause(a) end mar	nner as stated.							
OMI	(Check only one) 2 MEDICAL EXAMINER: On the basic of examiner					e) end manner as stated.						
E C	29b. SIGNATURE AND TITLE OF A RTIFIER		29c. LICENSE NUM	MBER	29d. DATE SIGNED	(Month, Day, Year)						
0	- TEllowe.		D 33700		•							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF											
	Dr. Ted E. Howe, 18100 Marc	len Lane, 01	ney, MD 20832									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE										
	JUL 1 2'90 Julia Davide	on-Rendell										

REG. NO

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hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

1. DECEDENT'S NAME (First, Mindle Less)
Will did
Francis W. Moore 2. DATE OF DEATH 3. TIME OF DEATH July 1990 11 5:55 p 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign June 20, 1901 214-09-1295 1 X M 2 F Pennsylvania 89 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Williamsport Nursing Home WASHINGTON Williamsport ton. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington Hagerstown Maryland 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt.6 Box# 76 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc. It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 XNO BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NDT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 8+) Lumber Supply Accountant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Walter Carrie May Craver Moore Clarence BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 154 N. Artizan St. Williamsport, MD 21795 Selena D.Moore 20a. METHOD DF DISPDSITION
1 X Burlal 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE DF DISPDSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Rose Hill Cemetery Hagerstown, MD 21740 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OSBORNE FUNERAL HOMES P.O.Box # 348 Williamsport, MD 21795 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition resulting in death) Cerebral Vascular Accident OUE TO (OR AS A CONSEQUENCE OF) Arteriosclerotic Heart Disease CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE DF): if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (DR AS A CONSEDUENCE DE) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER:
4X Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 X NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated 296. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 7-12-90 D 33700 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Tea L.

31. DATE FILED (Month, Dey, Year)

11. 16'90 Ted E. Howe, 18100 Marden Lane, Olney, MD 20832 32. REGISTRAR'S SIGNATURE

relia Davidson

be detached for use as the burial-transit retained by the notified 9 must examiner the the medical illed in by cremation, attending physician and completely intal Hygiene prior to burial, crematis event. traumatic 50 the atter Injury, Signed by the any pt. of h this certificate has be with the State Dept. 23 Hem HOSPITAL OR ATTENDING PHYSICIAN: 0 DIRECTOR: After this cent hours after death with the lifem 28 is marked, o FUNERAL I IMPORTANT: 黑黑黑 2 2 3

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit put filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

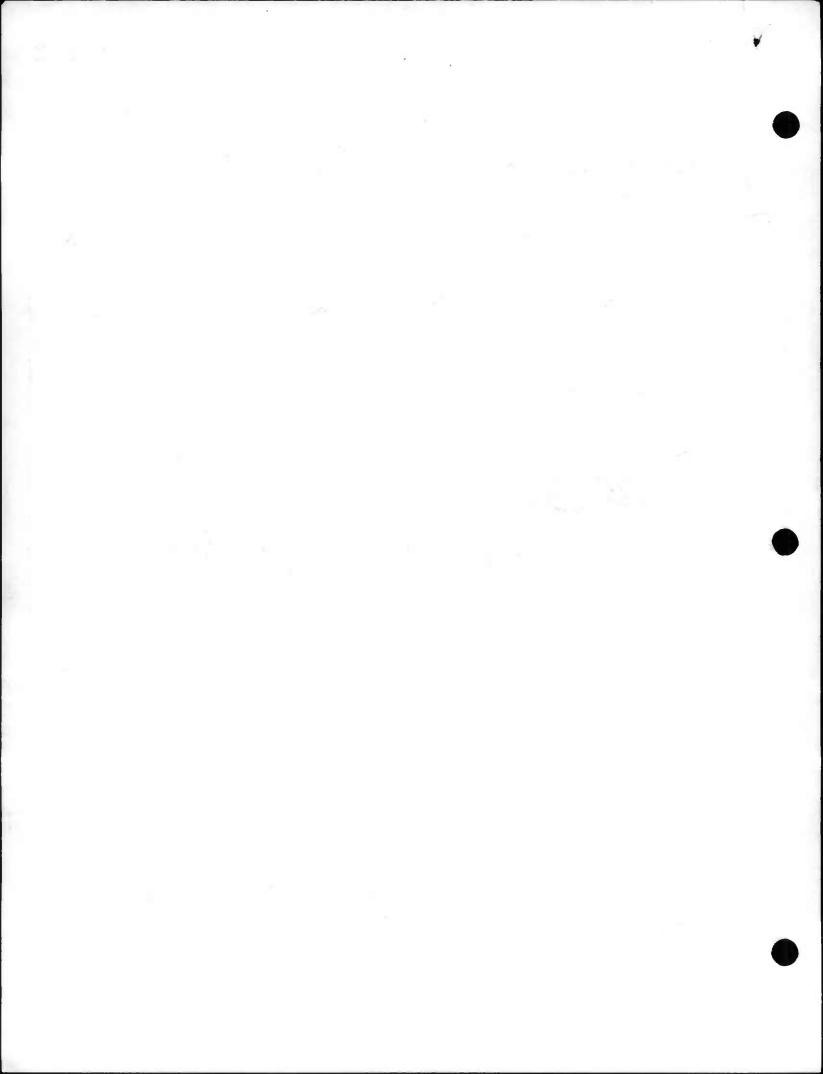
	1. DECEDENT'S NAME (First, Mid	idle, Last)	Alba	4	Ralpl	7 8	n. 125	Sr.		ATE OF DEATH	AY /c	YEAR 190	3. TIME OF DEATH	A M
H	4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. lest b		UNDER 1 YEAR	IF UNDER 24 HR		ATE OF BIRTH	2 "	8. BIRTH	PLACE (State or Fon	
	231-46-3363	3	1 😡 M 2 🗆 F	1770-101	78	YRS.	NTHS DAYS	HOURS MIN		Month, Day, Year)	Q 7 7 Country		rginia	
	9a. FACILITY NAME (If not institut	_	set and number)		, 0	9	L CITY, TOWN	OR LOCATION OF				NTY OF DE		
	Peninsula Gene	eral	Hospital				Salis	bury, M	D		Į į	Vicom	ico	
		. COUNTY			153	10c. CITY, 1	OWN OR LOC	ATION					10d. INSIDE CITY LIMITS?	
	Maryland N	Worc	ester		_	Poco	moke						1 YES 2 TH	NO
	10e. STREET AND NUMBER					T.7.		Of. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
	61 Ocean H	ighw	ay, B	& L	Trai	ler	Park	2	1851		1	USA		
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER I	N U.S. ARME	:D	13. WAS DE	CENDENT OF HIS	PANIC OR	IGIN? (Specify Yes	— American India: , White, atc.	n,		
- 1	1 Never Married 2 Never Married 2 Never Married 3 Divorced		IF YES, GIVE Y					S 2 NO Sp		,	hito			
	15. DECEDE	l l	ATION		16a DECE	DENT'S US	UAL OCCUPAT	30N		16b, KINO OF BU	CINECC/IN		hite	
: -	(Specify only high	hest grade o	completed)		(Give	kind of wor	done during n	nost of working		TOU. KING OF BO	3111233/111	DOSTRI		
COMPLETE	Elementary/Secondary (0-12)		College (1-4 or 5	+}	Far	mer								
5	17. FATHER'S NAME (First, Middle	, Last)			1 2 42	IIIOL		18. MOTHER'S	NAME (Fi	rst, Middle, Maiden	Surname)		-	
	James Page	Mil	es					Jos	sie	Hickma	n			
	19a. INFORMANT'S NAME (Type/				19b. I	MAJLING AI	ODRESS (Street	and Number or Ru	ıral Route I	Number, City or Tow	n State, Zi	p Code) 1-	e,Md.2.	105
2 1	Minnie K. M:	iles			561	000	an H	ighway	, В	& L Tr	ail	er P	e,Md.2. ark,Un	it (
10-	20a. METHOD OF DISPOSITION			200	b. PLACE OF	DISPOSIT		emetery, crematory				City or To		
	1 Donation 5 Other (Spe		rvai from Stata	_ Fi	other place		ist (Cemete	ry	Po	com	oke,	Md.	
	21. SIGNATURE OF FUNERAL SE	TRVICE LIC	ENSEE				22. NAME	AND ADDRESS OF	FACILITY	,				
	Scott	5. 1	mels	or			Poc	omoke.	Md.	AL HOME	151			
	23. PART i. Enter the disea shock, or heart	ses, or c	omplications the	at cause	d the deat	h. Do not	enter the n	ode of dying,	such es	cardiac or resp	iratory ar	rrest,	Approxima interval Be	
	IMMEDIATE CAUSE (Finel		,,				,	0.					Onset end	Death
	disease or condition resulting in death)		n				12ms/	, tail	Ure				Como	may
			OUE TO	(OR AS	A CONSEQU	ENCE OF):	G - 4	luidos	, 0					
5	Sequentially list conditions		DUE TO	OR AS	A CONSEQU	ENCE OF:		1					-	
3	if any, leading to immediat cause. Enter UNDERLYING						Rhs	made	. rg	artho	als			
CERTIFICATION	CAUSE (Diseese or injury that initiated events	1	DUE TO	OR AS	A CONSEOU	ENCE OF):								
	resulting in death) LAST													
	D107 # 0# 1 ## .									. 1				
į	PART II. Other significant			1 1	-	. 4	G2 (in Part	I. 24a. WAS AP PERFO		246.	WERE AUTOPSY FIR AVAILABLE PRIOR 1	то
MEDICAL	1WHICH	201	Dr. Dut	03:10	767 2	178	, 63	211.66		1 TYES	2 🗌 NO		OF DEATH?	AUSE
													1 TYES 2 N	10
2	25. WAS CASE REFERRED TO MI EXAMINER?	EDICAL	HOSPITAL:				26. THER:	PLACE OF DEATH	(Check on	nly one)				
rn i sician.	1 YES 2 NO		1 Inpatient: 2					rme 5 🗆 Resider	_		W 11 11 11 11 11 11 11 11 11 11 11 11 11	OCUPER		
	1 Natural 5 Pen	ding	28a. DATE Of (Month,	Day, Year)		26b. TIME (ν ,	NJURY AT VORK? YES 2 NO		DESCRIBE HOW	INJUNT O	COHED		
5	Z PROGRAMM	stigation	28e, PLACE	OF INJUR	Y — At home	e ferm etn	et, factory, of		-	LOCATION (Street	and Numbe	er or Runal F	Grute Number	
3	3 Suicide 6 Cou	ild not be irmined	building	, etc. (Spe	ecity)	,,				City or Town, State				
COMPLETED	29s. CERTIFIER	INIO OLIVOIA	014 N. T. 1b. b. 1											
	(Check only		CIAN: To the best of										s) and manner as st	hatad
3 -					on allow mi		ar my opinion	the second		data and place, a		NAME OF STREET		
	296. SIGNATURE AND TITLE OF	CERTIFIER						DS CO			29d. DA	TE SIGNED	(Month, Day, Year)	
-	30. NAME AND ADDRESS OF PE	RSON WHO	O COMPLETEO CAL	JSE OF D	EATH (ITEM	27) (Type, P	rint)	011						
	M. Croud	P , ~	7, 100	SP	125 B	The K	15 of	251126	344	, MD :	1001			
, [31. DATE FILED (Month, Day, Year	-	32. REGISTR	AR'S SIGI	NATURE									
	JUL 1 0 '91)	Julia 1	avidse	n-Rang	tella								

TO BE COMPLETED BY FUNERAL DIRECTO

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle	, Last)		7					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
		Agnes							July 1 1990 1328				
	4. SOCIAL SECURITY NUMBER $216-28-214$	11.0.0.	6. AGE (In yrs. less		F UNDER 1 Y	EAR.)	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month; Day, Year	08	6. BIRTH	PLACE (State or Foreign	
	9s. FACILITY NAME (If not institution	, give street and number)	4	9	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY							EATH	
E I	Peninsula Gene		1		Sa.	LIS	bury	, MD			Wicor	iiICO	
B	10e. STATE 10b. (10c. CITY,	TOWN OR	LOCATI	ON			-		10d. INSIDE CITY		
DIR	Md.	Woncester			Ben	Lin	2					LIMITS? 1 YES 2 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER 4 Salty Wa	711									USA	HAT COUNTRY?	
Z	11. MARITAL STATUS		NT EVER IN U.S. AR	MED								— American Indian,	
	1 Never Married 2 Marrie	FORCES?	NT EVER IN U.S. ARI 1 YES 2 N WAR OR DATES	10	If yee, epecify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: Spec							, White, etc.	
ВУ	3 Wildowed 4 Divorced												
	15. DECEDENT (Specify only highes		16a. DE(G/	CEDENT'S US ve kind of wor Do NOT use	k done dur	JPATIO	N st of workin	ng	16b. KIND OF	BUSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5											
Š	17. FATHER'S NAME (First, Middle, L								IE (First, Middle, Mei	den Surname)			
The thong metal general Stella Fint													
P Robert L. Mongan, Sr. 2889 Ocxean Pines Berlin,										, Md.,	Md., 21811		
	20s. METHOD OF DISPOSITION (Name of cametery, crematory or other place). 20s. PLACE OF DISPOSITION (Name of cametery, crematory or other place). 20s. LOCATION — City or Town, Soften Disposition of Di												
	21. SIGNATURE OF EXPRESAL SERV	ICE LICENSÉE											
	Ullrich Funeral Home Berlin, Md.												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final												
	resulting in death)	e. DUE TO	DUE TO/OR AS A CONSCIUENCE OF):										
N	Sequentially list conditions,	6						4					
MEDICAL CERTIFICATION	If eny, leading to Immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
E													
H	resulting in deeth) LAST	d											
ادّ	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
2										FORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
밀												1 YES 2 NO	
-	1 YES 2 NO												
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSERTAL: OCCUPATION												
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient 3		OTHER:	g Hom	6 5 □ R	eeldence !	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investi	g	DE INJURY Day, Year)	28b. TIME INJUI	TY	WO	URY AT RK? YES 2] NO	28d. DESCRIBE HO	O YRULNI W	CCURED		
	3 Suicide 6 Could 4 Homicide determ	not be building	OF INJURY — At he g, etc. (Specify)	me, ferm, str	eet, factory	r, offici			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
TO BE	700	un H	N	ry	w		29c. LIC	30	1 4 3	29d. DA	TE SIGNED	(Month, Dey, Year)	
	30. NAME AND ADDRÉSS OF PERS Benjarain Me	ON WHO COMPLETED CA	1.1	1/	t. S	ndi	slav	my , pr	do		7		
5	31. DATE FILED (Month, Day, Year)	'90 32. REGISTI	rand signature Tulia Davidse					17					



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTI	FIC/	ATE OF	DEAT	Ή	R	EG. NO.				
1. OECEOENT'S NAME (First, ANN FORREST		HEWS							JULY	OI DAY	, 199) ÖEAR	3. TIME OF DEATH 1:00 p M	
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. lest birthday	MON	UNDER 1 YEAR THS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Date AUG.	SIRTH y, Year)	1908	Country	PLACE (State or Foreign) HINGTON	
9a. FACILITY NAME (If not in		treat and number)		01	Oh	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA								
NATIONAL NA	VAL M		NTER		90.							MONTGOMERY		
RESIDENCE OF DEC	10b. COUNT	v		100 (TV TO	WN OR LOC	ATION						10d. INSIDE CITY	
MARYLAND		GOMERY				KVILLI	E						1 YES 2XX NO	
100. STREET AND NUMBER 11313 EMPIR	E LAN	E				1	of. ZIP CODE 20852						STATES	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	J.S. ARMED					IC ORIGIN? (S		or No-	14. RACE	- American Indian,	
1. Never Married 2 Married IF YES GIVE WAR OR DATES 1 YES 2/ AND Specify: Specify:											, white, stc. WHITE			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working														
Elementary/Secondary (0	- 1	College (1-4 or 5 +	->	life. Do NOT	use reti	done during ri ired.)		g	UN		STAT		UBLIC CE	
47 FATHERIS NAME (SI-4 A4	(della 1 ant)						Ť.	15010 1141	15 (5) 141-1-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
17. FATHER'S NAME (First, Middle, Lest) WALTER SMOOT MATTHEWS 18. MOTHER'S NAME (First, Middle, Maiden Sumame) MARIA DEVEREUX GREEN														
19a. INFORMANT'S NAME (7)	ype/Print)								loute Number, (Code)		
FRANK S. BLACK, JR. 5603 DURBIN RD, BETHESDA, MD 20814 208. METHOD OF DISPOSITION 208. PLACE OF DISPOSITION (Name of competer), Greenstory of Competency										una Chata				
20a. METHOD OF DISPOSITION 1 Burlal XIX Cremation 3 Removal from State 4 Donation 5 Other (Specify) MONTGOMERY CREMATORIUM, INC. 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) MONTGOMERY CREMATORIUM, INC. BETHESDA, MARYLAND														
22 NAME AND ADDRESS OF FACULTY FUNERAL HOME ROBERT A. PUMPHREY FUNERAL HOME MO0522 BETHESDA-CHEVY CHASE, INC., 7557 WISCONSIN														
M00522 BETHESDA-CHEVY CHASE, INC., 7557 WISCONSIN AVENUE, BETHESDA, MARYLAND 20814-3501														
shock, or ha	IMMEDIATE CAUSE (Final disease or condition CARCITYONA OF MULE TUDIC											interval Between Onset and Dasth		
Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injust that initiated evental resulting in death) LAS	diata ING Iry	c		CONSEQUENCE										
PART ii. Other significa	nt condition	ns contributing to	daath but	t not resultin	g in th	na undariyi	ng cause g	iven in	Part i. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS	
										PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE	
									— I 1	YES 2	□ NO	- 1	DF DEATH?	
													X YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL						PLACE OF D	EATH (Che	ck only one)					
1 YES 2 TONO		HOSPITAL:	ER/Outpat	tient 3 🗆 DOA		THER: Nursing Ho	ome 5 🗆 Re	eldence	8 🗆 Other (S)	pecify)				
	Pending	28a. OATE OF (Month, D		28b. 1	TIME OF	28c. II	NJURY AT VORK?		28d. OEŞCRI		JURY OC	CUREO		
A D a state	Investigation Could not be	28a. PLACE C	F INJURY - atc. (Specify	- At home, fam	n, stree			,	28f. LOCATIO	ON (Street e	nd Number	r or Rural F	Route Number,	
4 Homicide	datermined													
(Gridon Shilly		ER: On the best of) and manner as stated.	
29b. SIGNATURE AND TITLE	OF CERTIFIE							ENSE NUN					(Month, Day, Year)	
U / You	hhas	she MD							541 (V				L 1990	
A. K. YOSH					ype, Prin	16)			AL NAV				ENTER	
31. OATE FILED (Month, Day,	Year)	32. REGIŞTRA							للتد وددت		J			
JUL O				hon-Ron	delle									
		4.7												

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

15+1

DHMH-16 Rev 1/89

THE HOS THE FUN filed with	SPITA NERAL Thin 72 NT: If	L DIRE L DIRE 2 hours 7 Item	CTOR: s after 28 1	After t death b mark	this cel with th	IAN: Tiffication or Ite	The land the Depter the Depter The Community 133	been sof H show	igned lealth	at the by the and My	death atter ental ental	certifi ding p Hygien r oth	cate b ohysicii e prio	an and r to bu	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hosp	FAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach in 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execu- IEPAL DIRECTOR: After this certificate has been signed by the attending physician and in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur IT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatile.	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be exect. DIRECTOR: After this certificate has been signed by the attending physician and. I hours after death with the State Dept. of Health and Mental Hygiene prior to bur Item 28 is marked, or Item 23 shows any Injury, or other traumatile.	ATTENDING PHYSICIAN: The law requires that the death certificate be execu- CTDR: After this certificate has been signed by the attending physician and after death with the State Dept. of Health and Mental Hygiene prior to bur 28 is marked, or Item 23 shows any Injury, or other traumatile	DING PHYSICIAN: The law requires that the death certificate be executed that certificate has been signed by the attending physician and death with the State Dept. of Health and Mental Hygiene prior to bur is marked, or Item 23 shows any Injury, or other traumatile.	HYSICIAN: The law requires that the death certificate be exect his certificate has been signed by the attending physician and with the State Dept. of Health and Mental Hygiene prior to bur ked, or Item 23 shows any Injury, or other traumatile.	IAN: The law requires that the death certificate be execu- rificate has been signed by the attending physician and re State Dept. of Health and Mental Hygiene prior to bur or Item 23 shows any Injury, or other traumatile	The law requires that the death certificate be execu e has been signed by the attending physician and te Dept. of Health and Mental Hyglene prior to bur m 23 shows any Injury, or other traumatile	w requires that the death certificate be execu- ben signed by the attending physician and nt. of Health and Mental Hyglene prior to bur I shows any Injury, or other traumatile	res that the death certificate be execu- signed by the attending physician and leatih and Mental Hyglene prior to bur vs any Injury, or other traumatil	at the death certificate be execu by the attending physician and and Mental Hygiene prior to bur y Injury, or other traumatle	death certificate be execu attending physician and ental Hygiene prior to bur iry, or other traumatifi	certificate be execuding physician and Hygiere prior to bur r other traumatic	cate be executly sician and prior to bur pr traumatic	e execu an and r to bur		rted with	comple ial, crer	c even
PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with IEPAL DIRECTOR: After this certificate has been signed by the aftending physician and complet in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crein IT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic even	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with L DIRECTOR: After this certificate has been signed by the attending physician and complet hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cre- item 28 is marked, or item 23 shows any injury, or other traumatic even	ATTENDING PHYSICIAN: The law requires that the death certificate be executed with CIDR: After this certificate has been signed by the attending physician and complet after death with the State Dept. of Health and Mental Hyglene prior to burial, cret 28 is marked, or litem 23 shows any injury, or other traumatic even	DING PHYSICIAN: The law requires that the death certificate be executed with After this certificate has been signed by the attending physician and complet death with the State Dept. of Health and Mental Hygiene prior to burial, cres is marked, or Item 23 shows any injury, or other traumatic even	HYSICIAN: The law requires that the death certificate be executed with certificate has been signed by the attending physician and complex with the State Dept. of Health and Mental Hyglene prior to burial, creived, or Item 23 shows any Injury, or other traumatic even	IAN: The law requires that the death certificate be executed with rificate has been signed by the attending physician and complete State Dept. of Health and Mental Hygiene prior to burial, creing Item 23 shows any injury, or other traumatic even	The law requires that the death certificate be executed with e has been signed by the attending physician and complete Dept. of Health and Mental Hygiene prior to burial, creim 23 shows any Injury, or other traumatic even	w requires that the death certificate be executed with been signed by the attending physician and completent, of Health and Mental Hygiene prior to burial, creit shows any Injury, or other traumatic event	ries that the death certificate be executed with signed by the attending physician and complete that hygiene prior to burlal, creates any Injury, or other traumatic events	at the death certificate be executed with by the attending physician and comple and Mental Hygiene prior to burial, creil injury, or other traumatic even	death certificate be executed with a strending physician and complemental Hygiene prior to burial, creinty, or other traumatic even	certificate be executed with complete physician and complete prior to burial, crein other traumatic even	cate be executed with hystcian and comple e prior to burial, cre- er traumatic even	e executed with an and comple r to burial, crer umatic even	complerial, crea	in a	nation,	t, the
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within another death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	LORATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mounts after death. Page 6 may be retained by the LORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detallours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	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Page 6 may be retained by the his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one	The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the ense been signed by the attending physician and completely filted in by the funeral director, page 5 should be det to bept. of Health and Mental Hygiene prior to burial, cremation, or removal. The shows any injury, or other traumatic event, the medical examiner must be notified at one	w requires that the death certificate be executed within another death. Page 6 may be retained by the been signed by the attending physician and completely filled in by the funeral director, page 5 should be det it. of Health and Mental Hyglene prior to burial, cremation, or removal.	res that the death certificate be executed within a mours after death. Page 6 may be retained by the signed by the attending physician and completely filted in by the funeral director, page 5 should be detineable and Mental Hygiene prior to burial, cremation, or removal.	at the death certificate be executed within a curs after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be det and Mental Hygiene prior to burial, cremation, or removal. Injury, or other traumatic event, the medical examiner must be notified at one	death certificate be executed within a mours after death. Page 6 may be retained by the attending physician and completely filted in by the funeral director, page 5 should be det ental Hygiene prior to burial, cremation, or removal. In, or other traumatic event, the medical examiner must be notified at one	certificate be executed within a sector after death. Page 6 may be retained by the often physician and completely filled in by the funeral director, page 5 should be det hygiene prior to burial, cremation, or removal.	cate be executed within amounts after death. Page 6 may be retained by the hystician and completely filled in by the funeral director, page 5 should be det e prior to burial, cremation, or removal.	e executed within a mours after death. Page 6 may be retained by the an and completely filted in by the funeral director, page 5 should be det to burial, cremation, or removal. umatic event, the medical examiner must be notified at one	ned within amounts after death. Page 6 may be retained by the completely filled in by the funeral director, page 5 should be det rial, cremation, or removal.	hos	ach	6

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND I		GIENE B. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA			3. TIME OF DEATH
ľ	STEPHEN	ANTHON	ΊΥ	MILLI	GAN	монтн 7	7	90	8:05 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (7	n yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIR'	TH	8. BIRTH	PLACE (State or Foreign
1	217-68-7219	1 🖾 M 2 🗆 F 3	O YRS.	MONTHS DAY	HOURE MIN.	June :			arvland
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOW	N OR LOCATION OF DI	EATH		NTY OF DE	
DIRECTOR	12th Pct. Pistol	Club		Davi	dsonvil	le	Anı	ne Ai	rundel
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		T 100 CF	TY, TOWN OR LO					10d. INSIDE CITY
E		2 2 . 2			CALLON.				LIMITS?
3	MD Anne 10e, STREET AND NUMBER	Arundel	<u> </u>	rwood	10f. ZIP CODE		10a CIT	IZEN OF W	1 YES MO
RA							log. Cit		
FUNERAL	392 Lankford R	Oad 12. WAS DECEDENT EVER IN	U.S. ARMED	13 WhS I	20776 DECENDENT OF HISPAI	NIC ORIGIN? (Sper	offy Yea or No	USA	- American Indian.
E	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes,	specify Cuban, Mexica	en, Puerto Rican, e		Black	, White, etc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DA	(IES	, , ,	ES K NO Specif	у:		Specif	White
COMPLETED	15, DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S			16b. KIND	OF BUSINESS/INC	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	work done during use retired.)	most or working				
P.	12	5+	Engi	neer		S1	tate o	i Ma	ryland
Ö	17. FATHER'S NAME (First, Middle, Last)	1				ME (First, Middle, I			
BE (William J. Mil	ligan Sr.			Alic	cia O'I	Brien		
TO B	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural				0776
-	Alicia Milli	gan	392	Lankic	rd Road				0776
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 24 Cremetion 3 ☐ Remo	val from State	other place)	SITION (Name of	cemetery, crematory or	2	ec. LOCATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		etro C	remato	AND ADDRESS OF FA		Baltimo	ore,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	MEE ////	0.0		esty Fui		Home 1	7 C	
	Datule 4	Charlet le							
	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do	not enter the	mode of dying, aud	ch as cardiac or	reapiratory ar	rest,	
	ahock, or heert failure. L	ist only one ceuse on e	nch line.						
	IMMEDIATE CAUSE (Fine)								interval Between Onset and Daath
1	IMMEDIATE CAUSE (Fine) disease or condition	Contact G		Journal of	Head				
	disease or condition	. Contact Gu	unshot W		Head				
z	disease or condition resulting in death)		unshot W		Head				
TION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate		unshot W	OF):	Head				
ICATION	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE (OF):	Head				
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE (OF):	Head				
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE (OF):	Head				
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE (OF): OF):			MAS AN AUTOPSY	24b	Onset and Daath Onset and Daath
NA I	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (OF): OF):		F	PERFORMEO?	24b	Onset and Daath WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
NA I	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (OF): OF):		1 X	PERFORMEO? YES 2 \(\bigcap\) NO		Onset and Daath Onset and Daath WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A a contributing to deeth b HOSPITAL: 1 Inpetient 2 ER/Outp Zee. DATE OF INJURY FOUND 7-7- Zee. PLACE OF INJURY	CONSEQUENCE CONSEQ	OF): OF): OF): OTHER: 4 Nursing ME OF NURY SAM 1	PLACE OF DEATH (C) Homa 5 □ Realdence HJURY AT WORK? ▼ES 2 🏹 NO	a X Other (Spec Subject Subject Structure)	PERFORMEO? YES 2 NO and Only Hay Scell How injury oc ct shot (Street and Number)	ne ccured self	Onset and Daath WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
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with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	23
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David

S.

Krimins,

M.D

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF H		MENTAL HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Lest)		2			2. DATE OF DEATH MONTH DA	V YE	3. TIME OF DEATH
	MARY ELLEN MI	LSTEAD				July 11,	1990	А. м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country) West
	217-34-1930	1 M 2 XF 71	YRS.	MONTHS DAYS	HOURS MIN.	July 29		Virginia
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN (OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
S S	2661 Pemaquid	Court		Anr	napolis		Anne	Arundel
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		T 400 CD	ry, town or locat		•		10d. INSIDE CITY
E			100.01					LIMITS?
	Maryland Ann	e Arundel		Annar	ZIP CODE		100 CITIZEN	OF WHAT COUNTRY?
RA	2661 Pemaguid	Count		100	21401		100	S.A.
BY FUNERAL DIRECTOR		12. WAS DECEDENT EVER IN U.S. A	BMED	13 WAS DEC		IIC ORIGIN? (Specify Yes		
日	1 Never Married 2 X Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, sp		n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DATES		1 1 1 1 1 1 1	2 and Specify	r:		White
입	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16a. C	ECEDENT'S	USUAL OCCUPATE work done during mo	ON set of working	16b. KIND OF BUS	SINESS/INDUST	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	le. Do NOT u	ise retired.)	at ar worlding			
P P		3	Nu	rse		Healt	ch Car	'e
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
H	Oren French R	eese			Martha	a Zoefel		
2	t9a. INFORMANT'S NAME (Type/Print)		9b. MAILIN	G ADDRESS (Street a	and Number or Rural I	Route Number, City or Tow	n, State, Zip Cod	(e)
-	Valgene M. Mil					rt, Annaj		
	20a. METHOD OF DISPOSITION 1 A Burlai 2 Cremetion 3 Remove	val from State other	place)	SITION (Name of ce			CATION — City	
	4 Donation 5 Other (Specify)		land	Vetera	NO ADDRESS OF FA	etery Ci	cownsv	rille, MD
	21. SIGNATURE OF PLANETAL SERVICE CIC	120		Taylo	r Funer	ral Chape	el	21401
	Moral X	Jaylor		147 0	Gloucest	ter St.,	nnapo	lis, MD
	23. PART i. Enter the diseases, or co	emplications that caused the class on each line.		not enter the mo	de of dying, suc	h as cardiac or resp	iratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	Α	-			00		Onset and Death
	disease or condition resulting in death)	Program	we	respe	lokarel	factions		Zweely
		DUE TO (OF AS A CONS	EQUENCE (OF):	1 0	O.		16000
Z	Sequentially list conditions, b.	DUE TO (OR AS A CONS	2425	PI	velew	~~~		(accept
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	1000	D.	77): Cold		2/10		
E I	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EQUENCE (OFI:	CLOWICK	0		-
CERTIFICATION	reaulting in death) LAST	100 100 100 100 100 100 100 100 100 100		•		0		
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AL	PART II. Other algnificant conditions	contributing to death but not	resulting	In the underlyin	g cause given in	Part I, 24a. WAS AN PERFO	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
2	Clare	2 Hollanter	7	aller	-y W3	1 🗆 YES :	NO	OF DEATH?
M						_ 1	`	1 TYES 2 NO
PHYSICIAN: MEDICAL								
2		HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
ιγs	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpatient 28s. DATE OF INJURY	3 ∐ DOA 26b. TII	4 Nursing Hor	JURY AT	a Cother (Specify) 28d. DESCRIBE HOW	IN IUDY OCCUP	ED
	1 Natural 5 Pending	(Month, Day, Year)		JURY W	ORK? YES 2 NO	and Describe from	NOON OOGON	
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At	home, ferm.			28f. LOCATION (Street	and Number or I	Rural Route Number.
ED	4 Homicide B Could not be	building, etc. (Specify)		•		City or Town, State	1	
COMPLETED	294. CERTIFIER CERTIFYING PHYSIC	NAME To the hard of any brands for	double	and at the time of the	and place and d	to the same for and		
MP	(Check only	SAN: To the best of my knowledge, :: On the basis of examination and/o						ause(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIES.		7	A PROPERTY OF THE PARTY OF THE				
BE	1020	- 1016	/		29c. LICENSE NUI	42	DATE SI	IGNED (North, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I'	TEM 27) (Tvo	ea, Print)	10201		//	

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	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

G PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shrifer nearly with the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, crematic	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEAL	TH AND MENTAL HYGIENE
CERTIFICATE OF DE	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	AY YE	3. TIME OF DEATH		
	amuel Needy	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 MRS.	7. DATE OF BIRTH	1 3	90 1:38 P		
219-36-2656	1 🔀 M 2 🗆 F	83 YRS.	ONTHS DAYS	HOURS MIN.	9-27-190)6 N	laryland		
	Memorial Hom			nsboro	ATH	9c. COUNTY Wash	ington		
RESIDENCE OF DECEDENT 10m. STATE Maryland Washin	ıgton		town on Local	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
100. STREET AND NUMBER 9 PA. AUE. P.O. B	Box 163		10	21783		10g. CITIZEN	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO ES WWII	If yes, ap	ENDENT OF HISPANI ecity Cuban, Maxican 2 X NO Specify:		or No.— 14.	RACE — American Indian, Black, Whita, etc. Specify:		
15. DECEDENT'S EDUCA (Specify only highest grade or Elamentary/Secondary (0-12)	ompleted) College (1-4 or 5+)	16a. DECEDENT'S US Give kind of wor life. Do NOT use Farme	rk done during mo retired.)	DN sl of working	16b. KIND OF BU		RY		
17. FATHER'S NAME (First, Middle, Last)		1 wane		48 MOTHED'S NAS	ME (First, Middle, Maiden				
Everitt F. Needy				Nina 0.	Snyder				
Jody L. King					oute Number, City or Tow 3 Smiths bu		21783		
209. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ramov 4 Department Other (Specify)	ral from Stata	PLACE OF DISPOSITO OTHER PLACE OF DISPOSITION OF THE PLACE OF THE PLAC				nsboro,			
21. SIGNATURE OF FUNERAL SERVICE LICE		7 72	22. NAME A	of Address of Factorial	RILITY		21783		
shock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Sequentially liet conditione,	probable DUE TO (OR AS A C		_	ular a	wident	<u> </u>	Interval Betwee		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other significant conditions		t not resulting in	the underlyin	g ceuse given in l	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER									
1 UPES 2 NO 1 Inpettant 2 ER/Outpetlant 3 DOA Nursing Home 5 Residence 6 Other (Specify)									
27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY - building, atc. (Specif	— At home, ferm, etr	reet, factory, offic		261. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,		
			at the time, date	and place, and due	to the cause(s) and me	nner as stated.			
CONSUM ONLY	IAN: To the best of my knowle		In my cololog	seath occurred at the	time, data and place, so	nd due to the o	suss(s) and manner as stated		
(Check only one) 2 MEDICAL EXAMINER			, in my opinion,				ause(s) and menner as stated.		
(Check only	On the basia of examination	and/or investigation		29c. LICENSE NUM	IBER	29d. DATE S	ause(s) and menner as stated. GNED (Month, Day, Year) 3-90 ASSUMLEM		

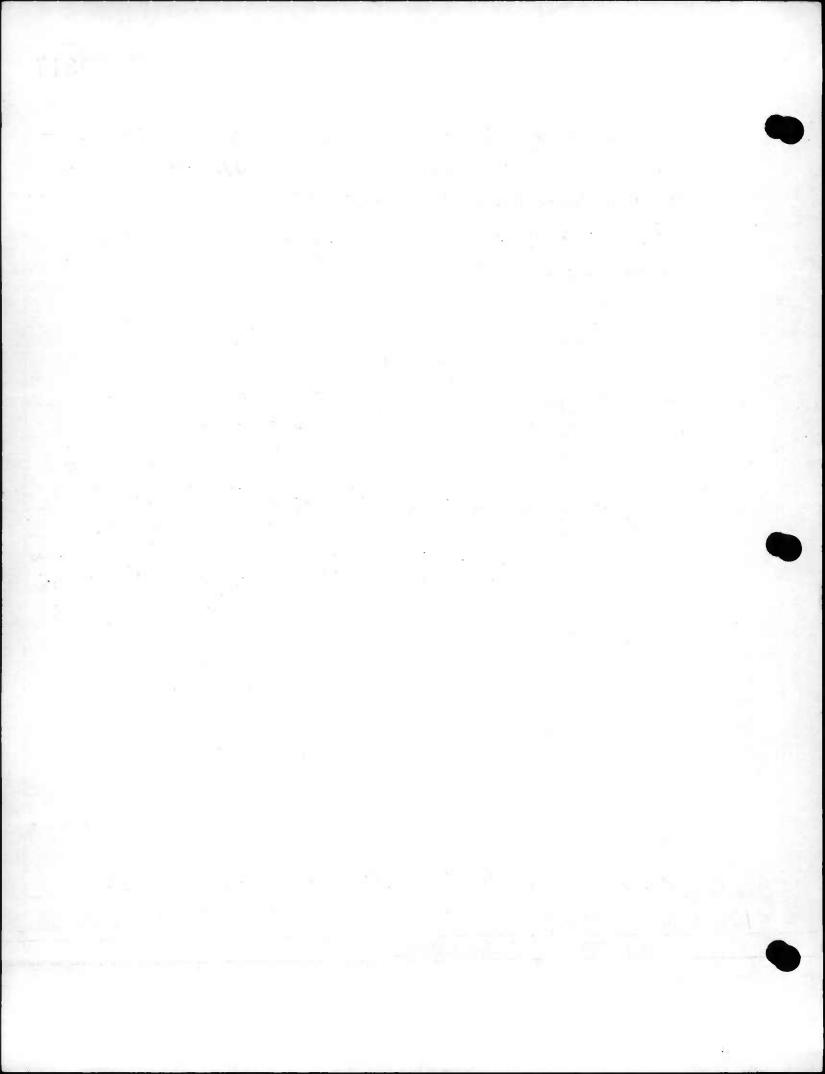
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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OB ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 28 n
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	1. DECEDENT'S NAME (Firs		HE	OKU	IN					2. DATE	OF DEATH	DAY	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	7	s. lest birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH	-	8. BIRTHP	LACE (State or Foreig
	578-40-120	9	1 - M 2 KF	6	6 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day, Year)	24	Country	Jersey
	9e. FACILITY NAME (If not i		street and number)			9b. CITY	TOWN	OR LOCATI	ION OF DE	ATH		_	INTY OF DE	
DE CE	35 24 FA	RTHII	NG DRIV	1e -				at						omeny
EC	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY
DIRECTOR	MD		ntquMe	ery	1	N.								1- YES 2 NO
ERAL	10e. STREET AND NUMBER			1	_		10	f. ZIP COD						HAT COUNTRY?
	3524 1	ART	HING 6	DRIVE	7			2	20906				U.S.A	١.
BY FUNI	1 Never Married 2.		12. WAS OECEDE FORCES? IF YES, GIVE		V 40	1	f yes, sp		nn, Mexica	n, Puerto I	I? (Specify Houn, etc.)	Yes or No—	14. RACE Black, Specify	- American Indian, White, etc. White
9		CEDENT'S EDU		16	. DECEOENT'S					16b	KIND OF I	USINESS/IN	DUSTRY	
	(Specify or Elementary/Secondary (ly highest grad	completed) College (1-4 or 5	4)	(Give kind of life. Do NOT L	work done o se retired.)	during me	ost of worki	ing					
7	12				ffice	Mana	ger	(Ret	ired	1) C	hemi	cal Fi	rm	
COMPLET	17. FATHER'S NAME (First, I	Middle, Lest)					8					len Sumame)		
_	John Geor		lin					200		Veiss		2		
8	190. INFORMANT'S NAME		1411		10h MAH 1911	Annores	/Street					Town, State, Zi	in Code	
2	Louis Okun		and)		3524 1									906
	20a, METHOD OF DISPOSE		ana)	A			_			leato				
	1 Buriel 2 X Cremat 4 Donation Donat	og 3 Ren		A PL	ACE OF DISPO ner place) Subui							lver S		g, Md.
	21. BIGNATURE OF FUNER	AL SERVICE L	DAMISEE	V D				ND ADDRE			MEM	ODTAI	CILADI	ELC INC
	23. PART I. Enter the	Jary	m. 1	Jes	e	11	70 1	Rocky	/ille	e Pik	e; R	ockvil	lle, 1	ELS, INC. Md. 20852
RTIFICATION	deease or condition resulting in death) Sequentielly list cond if any, leading to immouse. Enter UNDERLY	ediate /ING	a. My DUE TO DUE TO	O CA O (OR AS A CO COR AS A CO	rdial ensequence of claro ensequence of	/ ! かし C PP:	ny	Far dioi	ot 1	cula	· 2.	Jense	_	MINU
ш	CAUSE (Disease or In) that initiated events resulting in death) LA:		d.	O (OR AS A CO	INSEQUENCE O)F):								
0	PART II. Other eignific	ant conditio	na contributing to	o deeth but i	not reculting	In the un	derlyin	ng cause	given in	Pert I.		AN AUTOPSY	24b.	WERE AUTOPSY FINDS AWAILABLE PRIOR TO
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AN									DEATH (C)	sock only or				
SICI	EXAMINER?	□ ED/Outpatio	OTHER:											
HYS	27. MANNER OF DEATH	1 Inputient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCU								2011000				
BY PH	A-	Netural 5 Pending (Month, Day, Year) INJURY WORK?							28d. DE:	d. DESCRIBE HOW INJURY OCCURED				
LED E	a Districted -	Could not be determined	28e. PLACE building	OF INJURY — I, etc. (Specify)	At home, farm,	street, faci	ory, offic	Ce			ATION (Street or Town, St.	et and Numbe ate)	er or Rural A	oute Number,
OMPLE	one) —		ER: On the best of											and menner as state
0	29b. SIGNATURE AND TITL	E OF CERTIFII	ER .	Pen 140	huod	1100	1	7 29c. 110	ENSE NU	MRFR		29d DA	TE SIGNED	(Month, Day, Yber)
뭐	R. DA	2011	160	CV	2 44	211		1		-	2	D	7/0	100
2	30, NAME AND ADDRESS	DE DEBEON W	HO COMPLETED CH	-	CHI M				010			1 22	18	140
	PAUL A, D	EVOR	Α.	4 20	3 4	i aec	13 6	المحران و	Rd	144	14111	ville	20	781
	31. DATE FILED (Month, Day	(Year)	9	AN'S SIGNATU										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



1	-	STATE REGISTR	AF
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEN		AIE OF	DEATH	HI	EG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF D				3. TIME OF DEATH
	Violata	OUTCI	E ORCHAI	D.D.					MONTH	DAY		90	IVIT AH
	4. SOCIAL SECURITY NUM		5. SEX		(In yrs. lest birth	orlay) as	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH			IPLACE (State or Foreign
			1 M 2		m1	RS. MON		HOURS MIN.	(Month, Day	(Year)	[Count	
	273-32-2870		-		86 "	ns.			3-12	-04			ISYLVANTA
	9a, FACILITY NAME (If not in	stitution, give :	street and number))	· , ,	9b.	CITY, TOWN	OR LOCATION OF D	EATH	1	9c. COU	NTY OF D	EATH
돈	Washington	Adv	eatist	Hbs	Latia	-	Takon	no Park			Ma	no to	THE MON
ξΙ	RESIDENCE OF DEC	EDENT	- HI - G L	1100	La contra		ictean	and I com			11 1 0	744 144	Misory
DIRECTOR	10a. STATE	10b. COUNT	Υ		100	C. CITY, TO	WN OR LOC	ATION					tod. INSIDE CITY
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	10e. STREET AND NUMBER		3	1-4		. 01		Of, ZIP CODE			10a CITI	TEN OF	WHAT COUNTRY?
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FUNERAL	12405 EAS	IDUURI						. 209042	•		US	A	
5	11. MARITAL STATUS				IN U.S. ARMED			CENDENT OF HISPA			or No-	14. RACI	E — American Indian, k, White, etc.
	1 Never Married 2			VE WAR OR				S 2 NO Specia		, 40.)		Spec	The state of the s
מ	3 Widowed 4 Divo	orced	l									w	hite
<u> </u>		EDENT'S EDU			16a. DECEDE	ENT'S USU	AL OCCUPAT	TON	16b. KINI	D OF BUSI	NESS/INC	DUSTRY	
EIED	(Specify oni	y highest grade	completed) College (1-4 c		(Give kir life. Do N	nd of work VOT use rei	done during n ired.)	nost of working					
	Elementary/Secondary (D-12)	Conega (1~4 c	or 5 +)	REGIS	TERE	D NUR	SF					
Ē					LICEGIO	TLKL	D NOR						
COMPL	17. FATHER'S NAME (First, A							16. MOTHER'S NA	AME (First, Middle	, Maiden S	Surname)		
מ	FREDERICK	TRAS	SK					FAMII	E BU	RCHE	R		
ם ב	19a. INFORMANT'S NAME (Type/Print)			19b. MA	ILING ADI	DRESS (Street	and Number or Rural	Route Number, C	ity or Town	, State, Zip.	Code)	
ا ۲	BARBARA N.	WTGGE	ERT (DA	AUGHTI	ER) 12	405	EASTR	OURNE DRI	TVF ST	IVED	CDD	TNC	MD. 20904
								emetery, crematory or	LVL DI				own, Stata
	20a. METHOO OF DISPOSIT		noval from State	• "	other place) METROPO								
	4 Donation 5 Other				TETROPO	LLIA				ALEX	ANDR	IA,	VIRGINIA
	21. SIGNATURE OF FUNERA	IL SERVICE III	CENSIE	/	//			AND ADDRESS OF FA		TIMED	AT II	OME	TNC
	45		m m	448	4								
	23. PART I. Enter the d		annulla stinus		ad the death	00							MD 20901 Approximate
				that cause	od the death.								
		leaft iailufe.	Liat only one	cause on		DO HOL	sufer fue u	lode of dying, aud	on aa cardiac	or respir		, out,	Interval Between
	IMMEDIATE CAUSE (FI	nai			each line.			,					Interval Between Onset and Death
	IMMEDIATE CAUSE (Fill disease or condition	nai			each line.			,					Interval Between Onset and Death
	IMMEDIATE CAUSE (FI	nai			each line.			,					Interval Between Onset and Death
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NO	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list conditions	nai	. My	E TO (OR AS	A CONSEQUEN	ICE OF):		Farct Card					Interval Between Onset and Death
MOLIN	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme	tions, odiate	. My	E TO (OR AS	each line.	ICE OF):		,					Interval Between Onset and Death
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AL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji that initiated events	nei	a. My	E TO (OR AS	A CONSEQUEN A CONSEQUEN	ICE OF): LE UT LE OF): LE OF):	In	Fard Card	ion uova		AUTOPSY	Ase	Interval Between Onset and Death In July WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
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i	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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JOHN

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31. DATE FILED (Month, Day, Year)

JUL 0 5 '90

ROGERS,

M.D.

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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	11	6	11		2. DATE OF DEATH	Y YE	3. TIME OF DEATH
	cdus	Vdo	()	Teg	2	Ju4/2	-199	W
	4. SOCIAL SECURITY NUMBER 579-62-9299	5. SEX 6. AGE 1 X M 2 F 8.	(In yrs. lest birthday) 5 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MAY 16, 15	0	BIRTHPLACE (State or Foreign Country) ECUADOR
TOR	9e. FACILITY NAME (If not institution, give st	Gross Horp. Silversorv					9c. COUNTY	of DEATH
DIRECTOR	10a, STATE 10b, COUNTY 10c, CIT			Y, TOWN OR LOCA SILVER S	PRING		100. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2615 WELLER RO)AD		10	20906		2, 4	OF WHAT COUNTRY?
	11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 🔼 NO	If yes, sp	CENDENT OF HISPAN Beelfy Cuban, Maxican 3 2 NO Specify		or No— 14.	RACE — American Indian, Black, Whita, etc. Specify:
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS		AUCASIAN
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Collega (1-4 or 5+)	(Give kind of the Do NOT us	work done during mose retired.)	TEACHER			
OM	17. FATHER'S NAME (First, Middle, Last)		* NOT EL	DOR /		ME (First, Middle, Maiden	Surname)	
BE C	FILEMON ORTEG	GA	Latinaria			CTORIA BOI		
2	19s. INFORMANT'S NAME (Type/Print) MARCO A. ORTEG	GA				SPG . MD . 2		le)
	20b. PLACE OF DISPOSITION 1 Burlal 2 © Cremation 3 Removal from State 4 Donation 5 Other (Specify) METROPOLITAN CREMATORY						CATION — CHY	or Town, Stata A VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COL.					CILITY		
	3 senich	Dooley	-					SPRING MD. 2090
	23. PART I. Enter the diseases, pro	complications that cause	d the death. Do i					
	ahock, or haert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition a. Acube My gezudized Distinction of the cause of condition a. Acube My gezudized Distinction of the cause of						Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, If any, leading to immediata cause, Enter UNDERLYING							
TIFIC	CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
H	Todating in datiny Exst	d						
PHYSICIAN: MEDICAL (PART II. Other significant condition	ns contributing to death	but not resulting	In the underlyin	g cause given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. ME					<u> </u>	-	ζ	1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		
YSIC	YES 2 □ NO	1 Inpatient 2 ER/Ou			me 5 🗆 Rasidence			
ВУ РН	27. MANNER OF DEATH 1. Statural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, ec/fy)	street, factory, offi	cm	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	(Critick Only	RICIAN: To the best of my kno			1-1			suse(s) and menner as stated.
BE C(256. SAGNATURE AND TITLE OF CERTIFIE	Real	2.5	7	29c. LICENSE NUI	MBER 9 7	29d. DATE SI	IGNED (Month, Day, Year)
2	AME AND ADDRESS OF PERSON WH	HO CUIM LETED CAUSE OF C	DEATH (ITEM 27) (Typ	a, Print)	209	113	0.	17/7/6

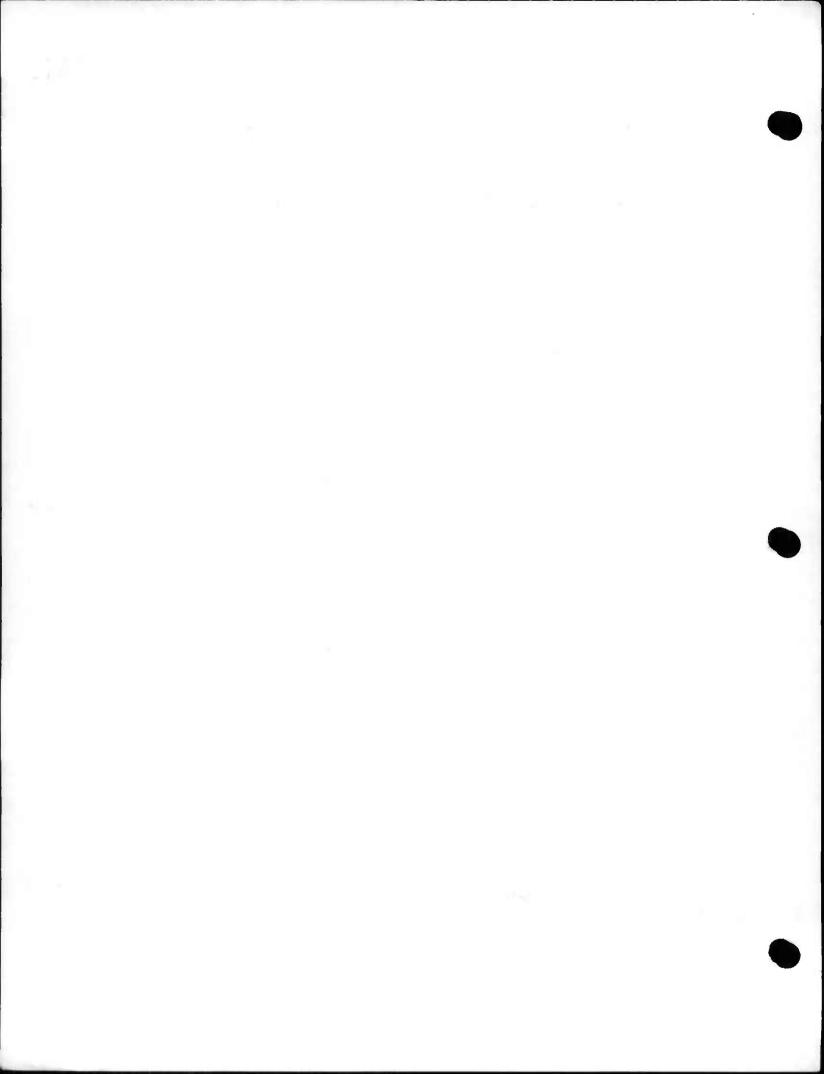
1919 SEMINARY ROAD

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randoll

SILVER SPRING, MARYLAND

DHMH-18 Rev 1/89

20910



BALTIMORE, MARYLAND 21203-3146

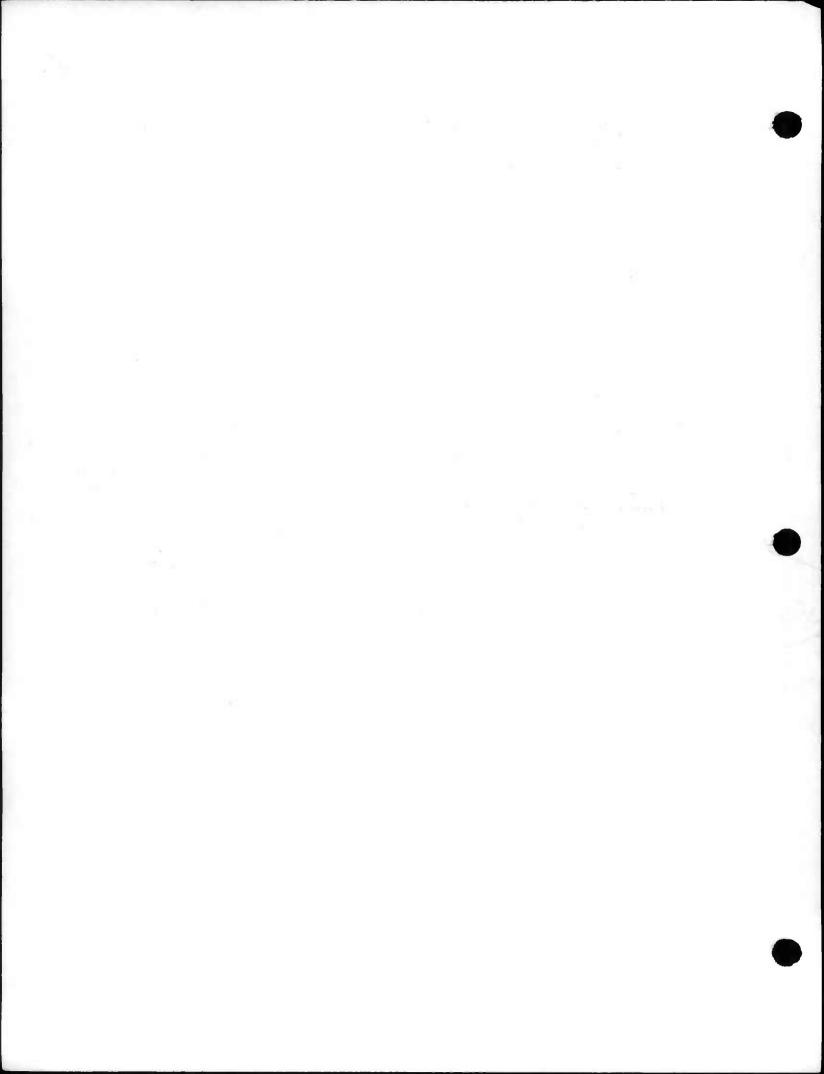
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYG REG.		
	,	hiell Parsor				2. DATE OF CEAT	27 19	3. TIME OF DEATH
		1 🗆 M 2 💢 F	YRS.	ONTHS DAY		7. DATE OF BIRTH (Month, Day, Yes 9/27/28	nr)	6. BIRTHPLACE (State or Foreign Country) Maryland TY OF GEATH
10R	PENINSULA GENERAL	,			LISBURY,			WICOMICO
DIRECTOR	10a. STATE 10b. COUNTY	ico	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	Maryland Wicom	ico	<u> </u> Ede	:I1	101. ZIP CODE		1 2 2 1 1 1	EN OF WHAT COUNTRY?
BY FUNERAL	Route #1, Box 373 11. MARITAL STATUS 1	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 XNO	If yes	21822 DECENDENT OF HISPA, apocify Cuban, Maxic	NIC ORIGIN? (Specifien, Puerto Ricen, etc.	y Yea or No-	JSA 14. RACE — American Indian, Black, While, alc. Specify: African-America
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDENT'S US (Give leind of wor life. Do NOT use i Nurse's A	k done during retired.)	most of working	23110436	Medical	USTRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Louis F. Gale					AME (First, Middle, Mith M. Jon	,	
10 B	190, INFORMANT'S NAME (Type/Print) Zelda Dashiell		No. 7 and 11 and		ville, #10,			
	20a. METHOD OF DISPOSITION 1 © Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	b. PLACE OF DISPOSIT other place) riendship (ION (Name o	cemetery, crematory or	20	c. LOCATION — C	City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICES		shlow		#2, Box 92			rial Chapel Salisbury, MD
	23. PART I. Enter the disease, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on e	d the death bo hot back line.		mode of dying, eu	ch as cardiac or	cespiratory srre	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	E-13/211	A CONSEQUENCE OF):	PIN	atom	fai	Inva	
AL	PART II. Other significant conditions	contributing to death t	but not resulting in	the under	ying cause given in	PE	AS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C			
BY PHYSICIAN: MEDIC	27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c	Home 5 Residence INJURY AT WORK? YES 2 NO	28d. DESCRIBE		UREO
	2 Accident Investigation 3 Suicide 6 Could not be determined	Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						or Rural Route Number,
COMPLETED	(Crieck Orlly	AN: To the best of my know						ed. a cause(a) and manner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFICA	7			29c. LICENSE NI		29d. DATE	SIGNED (Month, Day, Year) - Z G - G 0
_	30. NAME AND ANDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	171	seph Rafs		Quivey +	Locust s	t. Salis	bury, Md 21801
	JUL 0 2 '90	Julia Davidson						DHMH-16 Rev 1/89



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OF VITAL	
DIVISION	

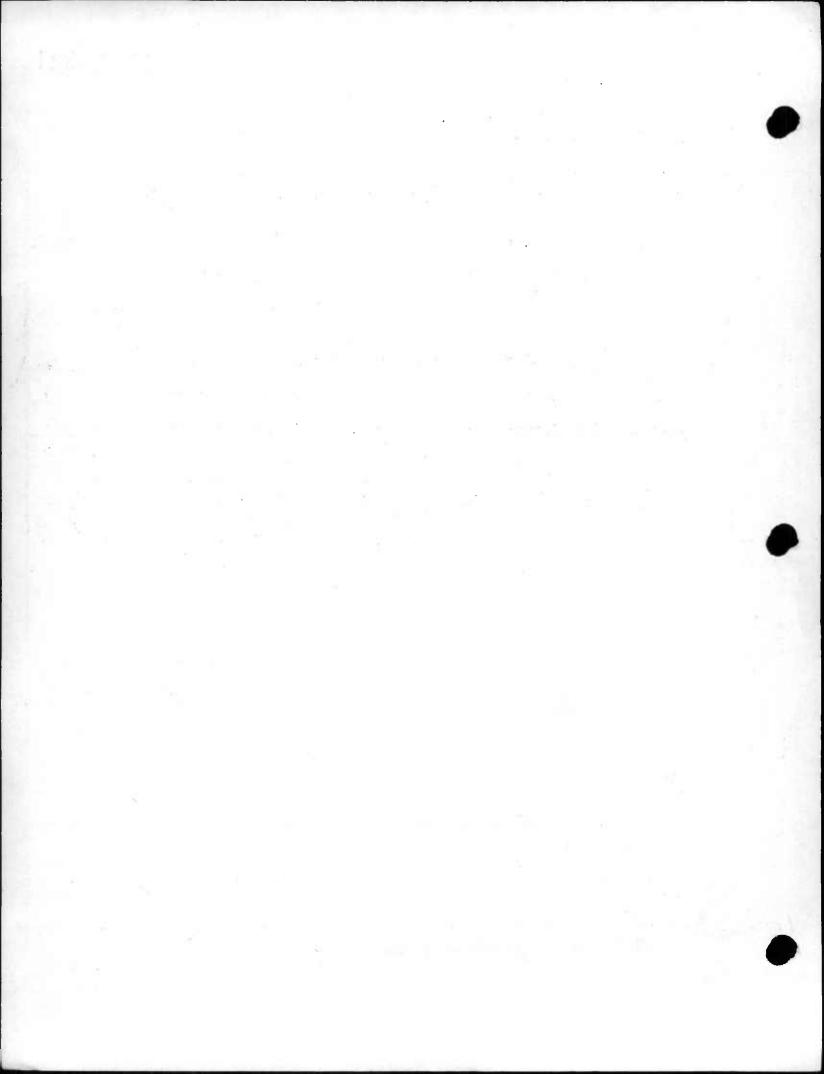
31. DATE FILES WORTH DAY, YOUNG

32. ARGISTRAP'S SIGNATURE
JUNIA DAVIDON PROMOCEL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the inhoritance has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

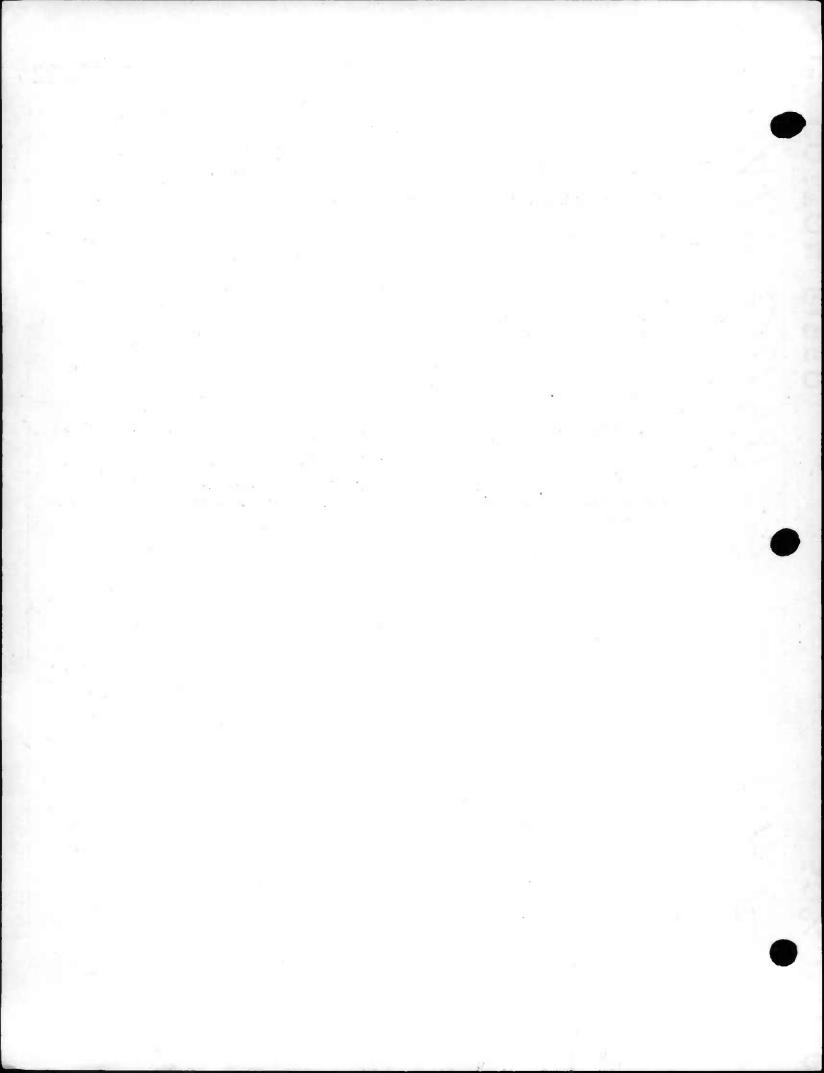
FOR	STATE OF MARYL	AND / DEPART	MENT OF HEAITH	AND MENT	M HAGIEN		JU	20321	
1 - STATE REGISTRAR	OINIE OF MARKE		ATE OF DEA		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Les	Charles I	Edward	子砂世し	2. DAT	E DF DEATH	Y 9	3. 1	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR IF UNDER		E OF BIRTH		Country)	CE (State or Foreign	
214-18-1004 9a. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN OR LOCAT		128/1		Mary OF DEATH		
1702 Richfield Pr Severu AA									
Maryland Anne	Arundel		TOWN OR LOCATION					LIMITS?	
10e. STREET AND NUMBER	TIL GIIGGE		10f. ZIP COL	DE		10g. CITIZE		COUNTRY?	
	ield Drive		211				u.s.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES		13. WAS DECENDENT If yes, specify Cub 1 YES 2 XNO	an, Maxican, Puart		or No— 14	Specify:	American Indian, nita, etc.	
15. DECEDENT'S EI (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S U	k done during most of work	ing 1	Bb. KIND OF BUS	INESS/INDUS			
Elementary/Secondary (0-12) 6th Grade	College (1-4 or 5+)	Ret- E	lectricia	n	No	ne			
17. FATNER'S NAME (First, Middle, Last)			18, MO1	TNER'S NAME (First	, Middle, Maiden	Surname)			
William Po	well Sr.				E. Wil				
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number						
Mrs Ella King			Richfiel ION (Name of cometery, cre			rn, I			
208 METHOD OF DISPOSITION 1 & Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)	on Cemete		1000	rel,		State	
21. SIGNATURE OF FUNERAL SERVICE	LICANSEE	٥.	22. NAME AND ADDR Snowden 246 N. W	Funera.					
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentisity list conditions, if any, leading to immediata cause. Enter UNDERLYING	. A30	Acut	ASCVD		farcti	on	·-	interval Betwee	
CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF):							
PART II. Other significent condition	ons contributing to death	but not resulting in	tha underlying cause	given in Part i.	24a. WAS AN PERFOR 1 YES 2	IMED?	CO OF	RE AUTOPSY FINDING ILLABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF	OEATH (Check only	one)				
1 OES 2 NO	1 Inpatiant 2 ER/Out	tpatient 3 DOA	☐ Nursing Nome 5 ☐	Rasidence 6 🗆 Ot					
27. MANNER OF OEATN 1 Natural 5 Pending Investigatio	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJURY AT WORK? M 1 YES 2		DESCRIBE NOW I	NJURY OCCU	IREO		
3 Suicide 8 Could not 1 4 Homicide detarmined	building, etc. (Sp.	IY — At home, farm, str ecity)	eet, factory, office	261, L	OCATION (Street lity or Town, State)	and Number o	r Rural Route	Number,	
contact city	YSICIAN: To the best of my kno- INER: On the basis of axeminati							d manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	1 Sans	m De	puty D	CENSE NUMBER	54	29d. DATE	SIGNED (Mo	onth, Day, Year)	
30. NAME AND ADDRESS OF PERSON		EATH (ITEM 27) (Type, I	C9	5 h	mer	ic F	7		



FOR STATE REGISTRAR

STATE OF MARYL	AND / DEPARTMENT OF H CERTIFICATE OF	EALTH AND MENTAL HYGIENE DEATH REG. NO.
Filippo	Pricci	2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Las	Pricci			2. DATE	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				īN		
		Filipp	0	PLI	LCC1		JIII			990	6:45	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN		8. BIRTH Count	PLACE (State or Fo	reign
	217-36-5447	1 M 2 F	76	YRS.	MONTHS DAYS	HOURS MIN.		.14.19	12	TTAI		
	Sa. FACILITY NAME (If not institution, give	e street and number)	1.70		9b. CITY, TOWN	OR LOCATION OF		414417		NTY OF D		
TOR	BROOKE GROVE NUI		OLNEY MONTGOME						MERY			
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?	
	MARYLAND HOWARD			DA	AYTON						1 YES 2	NO
₹	10e. STREET AND NUMBER				10	of. ZIP CODE			10g. CIT	IZEN OF \	WHAT COUNTRY?	
当	5155 GREEN BRIDG	GE ROAD				21036			I	JSA		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. AR			If yes, s	CENDENT OF HISP pecify Cuban, Maxi S 2 X NO Spe	ican, Puarto		or No—	14. RACI Blac Spec	ACE — American Indian, ack, White, etc.	
BY	3 Widowed 4 Divorced					X. opo	uny.				TTE	
	15. DECEDENT'S E	DUCATION			USUAL OCCUPAT		160	b. KIND OF BUS	SINESS/INC		1116	
COMPLET	(Specify only highest gri	College (1-4 or 5	+) // // // // // // // // // // // // //	. Do NOT u		ost of working						
M			CA	RINE	MAKER					_		
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Maiden	Surname)			
BE	GIANDOMENICO PR	CCI				MARIA (The state of the s				
6	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AODRESS (Street	and Number or Aur	al Route Nun	nber, City or Tow	n, State, Zip	Code)		
ļ-	MARY CATHERINE MA	IONE-PRIC	CI !	5155	GREEN B	RIDGE RO	DAD I	DAYTON	MARY	LANI	21036	
	20a. METHOD OF DISPOSITION 1√2 Buriel 2 □ Cremation 3 □ R	mount does to Charles	20b. PLACE other pi		SITION (Name of co	emetery, crematory of	r	20c. LO	CATION —	City or To	own, State	
	4 Donation 5 Other (Spicify)	emover from State			HEAVEN C	EMETERY		SIL	VER S	SPRIN	NG, MARY	LAND
	21. SIGNATURE OF PURE HAL BERVINE	LICENSEE	/		22. NAME A	ND ADDRESS OF				-	WELL STREET	21111
	15	24	/		FRANC	IS J. CO	DLLIN	S FUNE	RAL H	HOME,	INC.	
	23. PART I. Enter the diseases, o	Vlaw	60								MD. 20	901
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions,	DUE TO	O (OR AS A CONSE	QUENCE O				*******			Onset sno	d Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	O (OR AS A CONSE									
MEDICAL C	PART II. Other significant condit	resulting	iting in the underlying cause given in Pa			PERFORMED?		24t	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
											1 YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				ne i	PLACE OF DEATH (Check ant	una)				
0	EXAMINER?	HOSPITAL:			OTHER:							
YS	1 YES 2 NO		☐ ER/Outpatient 3			me 5 🗆 Rasideno	7					
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation		F INJURY Day, Year)	28b. TIR	JURY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE NOW I	NJURY OC	CURED		
	3 Suicide 6 Could not 4 Homicide detarmined	building	OF INJURY — At he j, etc. (Specify)	ome, ferm,	street, factory, off	Ce		CATION (Street of the control of the		or or Rural	Route Number,	
COMPLETED	anat .	YSICIAN: To the best of									a) and menner as s	itated.
BE	296 SIGNATURE AND TITLE ON CERTIF	LEZ M	1			29c. LICENSE N			29d. DA7	TE SIGNE	190 (Month, Dey, Year)	
5	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAN	USE OF DEATH (ITE				R	DLNE	34 /	rep	2083	2
	31. DATE FILED (Magneth, Cally, Many)	32, REGISTA	AR'S SIGNATURE	ndere								



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirthin a cours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. OECEOENT'S NAME (First, Middle, Last 2. DATE OF CEATH 3. TIME OF OEATH MONTH EUGENIA R. PERINT 90 7:45 A A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 074-28-2941 DAYS 1 M 2 X F -7-36 NEW YORK 9a. FACILITY NAME (If not institution, gi 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CARRIAGE HILL NURSING HOME SILVER SPRING MONTGOMERY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE 1 YES 2 NO GREENBELT. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7704 MANDAN ROAD 20770 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Wildowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 2 SYSTEMS ANALYST ATLANTIC RESEARCH CORP 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ERNEST KROUSE MARY FISTICK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 CRAIG E. PERINI (SON) 309 NEVADA STREET NEWTON, MASSASHUSETTS 02160 20e. METHOD OR/DISPOSITION
1 Burlel 2 Cremetion 3 Re 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata METROPOLITAN CREMATORY 4 ☐ Donation 8 ☐ Other (Specify) ALEXANDRIA, VIRGINIA 21. SIGNATURE OF ERAL SERVICE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. win 500 UNIVERSITY BLVD. W. SIL. SPR 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ SHOUN DAJ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): no s ARCOMA 14 METASTATIO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING SANOONA CAUSE (Disease or injury **OUE TO (OR AS A CONSEQUENCE OF):** that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPRY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED 1 YES ZONO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:

Nursing Home 5 - Residence 8 - Other (Specify) 1 | YES 2 | NO tient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Selva 29b. SIGNATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Dehur 7/2/90 a

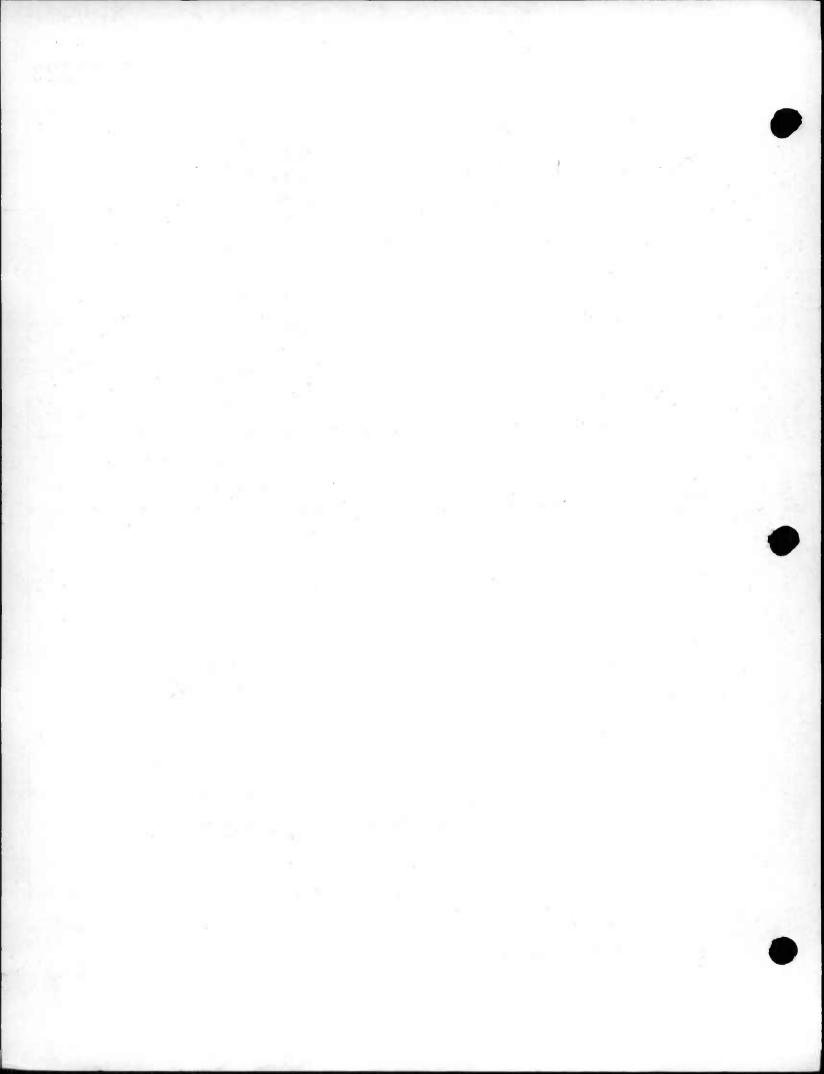
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STANLEY A. SCHWARTZ, 2101 MEDICAL PARK DRIVE #211 SILVER SPRING, MD 20902 M.D.

29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

31. DATE FILED (Month, Day, Year) JUL 05 90 32 REGISTRAR'S SIGNATURE Julia Davidson-Randall



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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within secure after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 70 hours after death with the State Dent of Health and Mental Horiene order to brind, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Edgar H. Levin, M.D.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN			ENTAL HYGIENI REG. NO.	E	90 2032			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	assarelli				July 9, 19		1:30 A M			
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. is	ast birthday) IF UND	ER 1 YEAR IF UI		7. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign			
711 72 2002	1X M 2 □ F 76	YRS. MONTHS	1	AS MIN.	(Month, Day, Year) Jan. 4, 19	C	Italy			
96. FACILITY NAME (If not institution, give street 15301 Pine Orchar RESIDENCE OF DECEDENT	gomery									
10a, STATE 10b. COUNTY Maryland Montg	omery	10c. CITY, TOWN	or LOCATION ver Spri	ng			10d. INSIDE CITY LIMITS? 4 1 YES 2XXNO			
10e. STREET AND NUMBER 15301 Pine Orchar	d Dr. #3B		10f. ZIP 0			Unite	of what country? ed States			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 T IF YES, GIVE WAR OR DATES			uban, Mexican,	ORIGIN? (Specify Yea Puarto Rican, atc.)		RACE — American Indian, Black, Whita, etc. Specify: White			
1S. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) ((Give kind of work dor be. Do NOT use retired	ne during most of w f.)	orking	166. KIND OF BUS	tment				
17. FATHER'S NAME (First, Middle, Last)				AOTHER'S NAME	E (First, Middle, Malden					
Attilio Passarell			I	Elvira	Garbuglia					
19a. INFORMANT'S NAME (Type/Print) Marie Louise Passarelli 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20906 15301 Pine Orchard Dr. #3B Silver Spring, Maryland										
20s. METHOD OF DISPOSITION 1										
21. SIGNATURE OF FUNERAL SERVICE LICE	0 011			neral S		P.A.				
23. PART I. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cause on each lin	daath. Do not an	tar tha moda of	dying, such	ss cardiac or reapi					
disease or condition resulting in death)	DUE TO (OR AS A CONSI	EQUENCE OF:	I ws	u FF.	Eu C.1		5 auca			
Sequentially list conditions,			4646	e			Gre			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI									
PERFORMED? 1 YES 2 XNO							24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED BEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH				/						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outpetiant	3 DOA 4 I	ER:	OF OEATH Chec	ck only one)					
27. MANNED OF DEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK?		28d. DESCRIBE HOW	NJURY OCCUR	ED			
2 Accident Investigation 3 Suicide 8 Could not be defarmined	28a. PLACE OF INJURY — At I building, atc. (Specify)	homa, farm, atreat,	factory, offica		28f. LOCATION (Street City or Town, State)		Rural Route Number,			
and and	CIAN: To the best of my knowledge, or standard and/or standard						suse(s) and manner as stated.			
29b. SIGNATURE AND TITUE OF CERTIFIER			200	LICENSE NUME	BER	29d. DATE SI	GNED (Month, Day, Year)			
5×630		D10690 July 9, 1990								

32. REGISTRAR'S SIGNATURE
JUNE DAVIDA - Aundale 31. DATE FILED (Month, Day, Year)

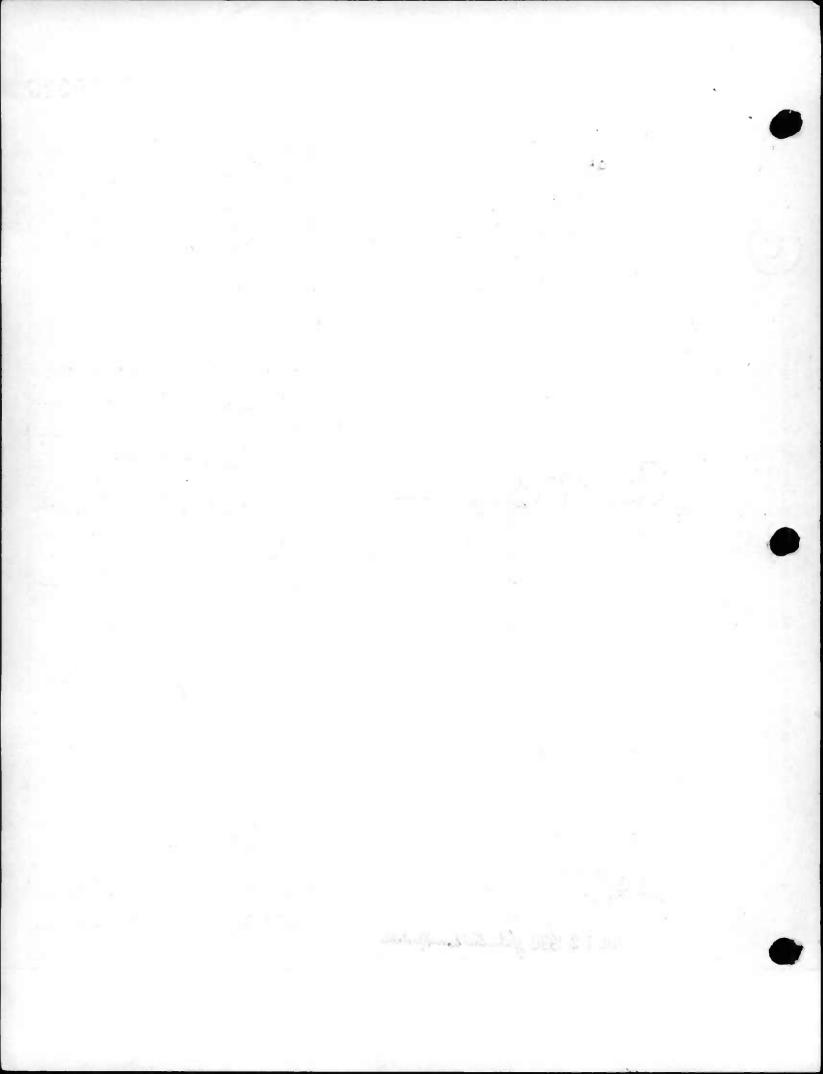
JUL 0 9 '90 DHMH-16 Rev 1/89

9801 Georgia Ave. #341, Silver Spring, MD

20902

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	JOSEPH	t, Middle, Last) E PA	ARSONS							2. DATE O MONTH	· DAY	1990	EAR 3.	7:52
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in y	rrs. lest birthday)	IF UNDER		IF UNDER		7. DATE O	FBIRTN	_	BIRTHPL	ACE (State or F
	222-18-57	40	1 🔯 M 2 🗌 F	100	55 YRS.	MONTHS	DAYS	HOURS	MIN.	12-	Day. Year) 10-34		De 1a	ware
	9a. FACILITY NAME (If not in	nstitution, give	street and number)			96. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COUNT		
OR	THE JOHNS		S HOSPITA	AL		В	ALTI	MORE				BALT	EMORE	E CITY
5	RESIDENCE OF DEC	10b. COUNT	Y		10c. CI	ry, town o	OR LOCAT	TION					10	d. INSIDE CIT
DIRECTOR	De.		ssex			lford								LIMITS?
	10e. STREET AND NUMBER					-	101	. ZIP COD	E			10g. CITIZE		AT COUNTRY?
ER/	808 S.E. Fro	ont St						19963	3			U.S.	A.	
BY FÜNERAL	11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V Korea	YES :	2 NO		If yes, sp		m, Mexica	in, Puarto Ric	(Specify Yea can, atc.)	or No 14	Black, V Specify:	American Inc White, atc.
ED	15. DEC	CEDENT'S EDU	JCATION e completed	16	se. DECEDENT'S				200	16b. I	CIND OF BUS	INESS/INDUS	STRY	
E	Elementary/Secondary (0		College (1-4 or 5		Iffe. Do NOT L	ise retired.)	during mo	AST OF WORKE	·9					
COMPL			4		Instru	ctor					Weldir			
8	17. FATHER'S NAME (First, M	_)n kaon -								ddle, Maiden S		36	
8	Norval E		arsons		1				izab		В.	Drape		
2	June A. Par										d, De.			
	20a. METNOD OF DISPOSIT			20h. Pi	LACE OF DISPO					TTT()T(CATION — CH		State
	X□ Burial 2 □ Crematic 4 □ Donation 5 □ Other	on 3 Ren	noval from State		thee placet	d Fe		,,,	,	ry		lford,		
	21. SIGNATURE OF FUNERA	-	CENSEE					ND ADDRE				95 Rit		
	ple	- (. Dan	na	~7	→ Ba	erra	nco I	Fune:	ral H	ome Se	everna	Par	k,MD2
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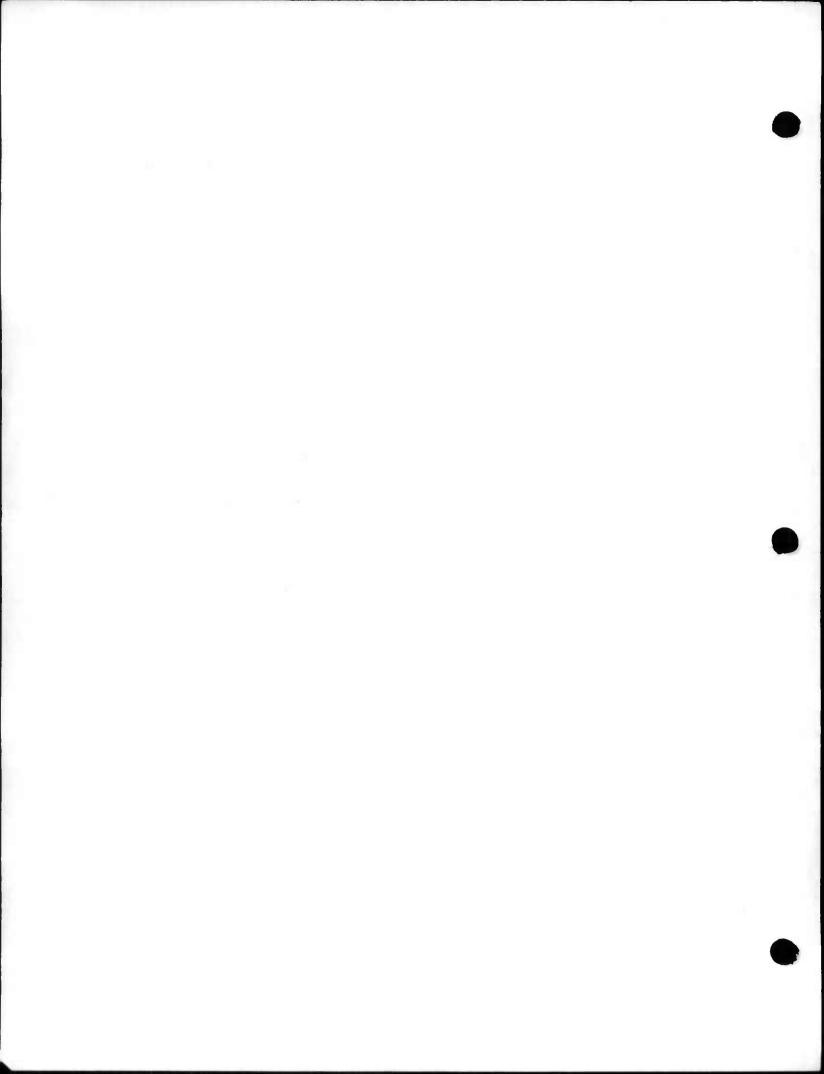


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.				INTORINAL HIGH EU SHIRINGS OF NOTH TO SHOW THE HIGH STATE CONTINUE CONTINUES CONTINUES TO SHOW THE SHO	ter death, Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should oval. all examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours a TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem-IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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	1 - FOR STATE REGISTRAR	TATE OF MARYL	AND / DEPART				HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ADA M.	JUINA)			2, OATE OF	DEATH DAY	- 9	YEAR	3. TIME OF DEATH
	377 10 3202	M 2 1 82	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			8	SWIT	ZERLAND
DIRECTOR	98. FACKITY NAME (If not institution, give street a	HUSPi	tal	Bex	hes La	EATH N	0	9c, COUN	ny of D	MTGOMERY
띭	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC		·				10d. INSIDE CITY LIMITS?
	MARYLAND MONT 100, STREET AND NUMBER	GOMERY		WHEAT	ON of, ZIP CODE			40- OITI3	EN OF Y	1 YES 2 NO
RA	3207 PAUL DRIVE				20902			USA	EN OF	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, t	CENDENT OF NISPAR pecify Cuban, Maxica S 2 NO Specif	in, Puerto Ric			Spec	— American Indian, k, Whita, alc. fly:
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MP	8 17. FATNER'S NAME (First, Middle, Lest)		HOMEM	AKER	18. MOTNER'S NA	NAE (Einst Allie	fella Admirlan (Pumama)		
	UNKNOWN				UNKNOV		rure, maruerr	surreume)		
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural		City or Town	, State, Zip	Code)	
2	EDWARD R. QUINN	(SON)			DRIVE (
	20s. METNOD OF DISPOSITION 1\(\hat{\lambda}\) Burial 2 \(\hat{\rightarrow}\) Cremation 3 \(\hat{\rightarrow}\) Ramoval 4 \(\hat{\rightarrow}\) Donation 5 \(\hat{\rightarrow}\) Other (Specify)	from State	other place) ORT LINCO	LN CEM	ETERY		BREN		D, M	IARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Stand	7		AND ADDRESS OF FA CIS J. CO NIVERSITY					, INC. ,MD. 20901
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	r = weeks/eam/	A CONSEQUENCE OF)	lui	i Sh he H	eers	-de	sees	ر	Operarid Death
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions co	entributing to death t	out not resulting in	the underly	ng cause given in		PERFOR	MED?	24	. WERE AUTOPSY FINDINGS . MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C/	heck only one				
SIC		OSPITAL:		OTHER:	ome 5 🗆 Rasidenca			-		
PHY	27, MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. I	NJURY AT VORK?	T	RIBE HOW II	NJURY OCC	UREO	
B	Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, at		YES 2 NO		TION (Street a	and Number	or Rural	Route Number,
TO BE COMPLETED	2 MEDICAL EXAMPLER: O	DMPCETED CAUSE OF DA	on and/or infrastigation	In my opinion	29c. LICENSE NU	a lime, data a	nd place, an	d due to the	s cause(7/90.
1	J. BLAINE FITZGERA 31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGI	8218 WISC	ONSIN	AVE. BE	THESDA	, MAR	YLAN	υ 2C	0814
-	JUL 0.5 '90	Julia Davidson	-Randoll							



3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hyplene prior to burial, cremation, or removal.

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	4. SOCIAL SECURITY NUMBER	The state of the s	8. AGE (In yrs. I	,,	MONTHS	ER 1 YEAR	IF UNDER	MIN.	7. DATE 0 (Month,	Day, Year)		Country)	CE (State or Foreign
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l or	90. FACILITY NAME (If not institution, g Reeders Memori				9b. CI	TY, TOWN C			EATN		11	Y OF DEAT	
DIRECTOR	RESIDENCE OF DECEDENT					ROO	nsbo	ro			Wa	ashin	gton
	10e. STATE 10b. CO			10c. Ci7	Y, TOWN	OR LOCAT	ION					104	d. INSIDE CITY
1 8	Maryland	Washingto	on	1	Hage	rstov	m					11	LIMITS?
	10e. STREET AND NUMBER						ZIP COD	E			10g. CITIZE	N OF WHA	T COUNTRY?
EB	202 Lily Drive	Rt. 6					2174	40			US	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2		13		cify Cubi	an, Mexica	n, Puerto Ri	(Specify Yee ican, etc.)	or No 1	4. RACE — Black, W Specify:	American Indian, hite, etc. White
COMPLETED	15. DECEDENT'S (Specify only highest of	EDUCATION trade completed)	16e, C	CECEDENT'S	USUAL	OCCUPATIO	N st of work	na	16b.	KIND OF BUS	SINESS/INDU	STRY	
1 4	Elementery/Secondery (0-12)	College (1-4 or 5+)		lie. Do NOT u	se retired	(.)	N OI WORK	''9		**			
N D				HOI	nema	ıker				Home			
	17. FATHER'S NAME (First, Middle, Last)								iddle, Meiden	Sumeme)		
BE	Clarence Baker							_	Lshop				
2	19e. INFORMANT'S NAME (Type/Print)		1							or, City or Town		Gode)	
	Carol D. Garlin	ig.		Rt.				_	aryla	nd ZJ	L740		
	20e. METHOD OF DISPOSITION 1 (X Burlel 2 Cremetion 3 1	Removal from State	other	E OF DISPO				matory or			CATION — CI		
	4 Donation 5 Other (Specify)		Rest	Have			_			Hag	gersto	wn, I	Maryland
	21. 94GNATURE OF FUNERAL SERVIC	E LICENSEE	D		Ĝ	eral	I N.	Minr	nich	305	N. Po	tomac	Street
Z Z	Duald 11.	1/mmc	M			unera				Hage	erstow	m. Ma	aryland
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	OR AS A CONS	EOUENCE C)F):					7			
N: MEDICAL	PART II. Other significant cond	d	death but not	t resulting	In the	underfyln	j ceuse	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	AM CO DF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
E S	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTH		ACE OF I	DEATN (Ch	eck only one)			
L S	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4 PN		6 🗆 R	esidence	6 🗆 Other	(Specify)			
BY PHYSICIA	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigat	26e. DATE OF I (Month, De		28b. TH	ME OF JURY M		URY AT RK? 'ES 2	□ NO	28d. DEŞI	CRIBE NOW I	NJURY OCCU	PED	
	3 Suicide 6 Could not 4 Nomicide determine		INJURY — At I	home, farm,	street, fi	ectory, offic				TION (Street or Town, State)		r Rural Rout	e Number,
COMPLETED	onel —	HYSICIAN: To the beet of r											d manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERT	Ku, h n	V				29c, LIC	26	579		29d. DATE	SIGNED (M.	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON	glast mo		Ke	e dys	ille,	Md	1	7175	56	7		
	31 FIED (1019 Ory, Year)	Julia Davido	S SIGNATURE	-82									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATN

‡

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, On ATTENDING BANKICIAN The law remainer that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR				Entir	ICALI	_ Or	DEAL	III	MEG. I	Ю.		
1. DECEDENT'S NAME (First	st, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
Anne N. R		+					,		July	8, 19		10:45 A.M
4. SOCIAL SECURITY NUM 261-07-591		5. SEX	6. AGE (In yrs. le 85	st birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year, NOV. 30,	1904	Count	HPLACE (State or Foreign ry) SSISSIPPI
9a. FACILITY NAME (If not		street and number)			9b. CITY	, TOWN	OR LOCATION	ON OF D			UNTY OF D	
Ravenwood I	Luthera	n Home				Hage	ersto	wn		W	ASHIN	IGTON
RESIDENCE OF DE	1				1							
Maryland	Washi	ngton			y, rown		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER		8-0		1.08			f. ZIP COD	E		10a, CI	TIZEN OF	WHAT COUNTRY?
25 Manor I	rive						21	740			SA	
11. MARITAL STATUS			NT EVER IN U.S. AI						NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yea or No-	14. RAC	E — American Indian, k, White, atc.
1 Never Married 2 2 3 Wildowed 4 Dh			MAR OR DATES	NO			2 NO				Spec	
	CEDENT'S EDU		(0	ECEDENT'S	work done	CCUPATI during me	ON ost of workli	107	16b. KIND OF	BUSINESS/IP	NOUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)	Accou		+			Tele	hone	Comp	anv
12 17. FATHER'S NAME (First,	Middle Leet	2		iccou	IILan	L	I so MOT	NEDIĢ N	AME (First, Middle, Mail			ally
	midule, LESI)		NT-	icho1						en oumene)	,	Thomas
George 10a. INFORMANT'S NAME	(Type/Print)					S (Street		ther	Route Number, City or	Pown State 2	Zio Codel	Thomas
Bernard W.		.02										
20a. METHOD OF DISPOSI		rer	20b. PLACE	Apt.A					lagerstown	LOCATION -		
1 X Buriel 2 Cremet 4 Donation 5 Oth	ion 3 🗵 Ren	novel from State	other p	vlace)				-				Mississippi
21. SIGNATURE OF FUNER		ICENSES /	- I Gree	envil	1e C	NAME A	ND ADDRE	SS OF F	al Home	. CCITY.	1110,	111331331pp
1/1/6/ W	SIM	Man		_						roreto	orm M	aryland2174
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	ediate YING jury	b. Anda OUE TO DUE TO OUE TO OUE TO	NONCE	100	÷ €	120	fre	D'u	se are			
PART II. Other algorith Construction Construction	cant condition	C 8 4	o deeth but not		In the u	nderlylr	ng cause	given ir	PER	AN AUTOPS FORMED?	Y 24	b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL						PLACE OF	DEATH (C	heck only one)			
EXAMINER?		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHE		me 5 🗆 R	asidence	8 Other (Specify)			
27. MANNER OF DEATH	Pending		F INJURY Day, Year)	28b. TIR	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE HO	W INJURY C	OCCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined	26a. PLACE	OF INJURY — At I	nome, farm,	street, fac				281. LOCATION (St. City or Town, S		ber or Rural	Route Number,
CHIECK OTHY -									e to the cause(s) and e time, date and place			(a) and menner as stated.
296GONATURE AND TIT	LE OCCIBINE	e c	1				29c. LIC	ENSE N	JMBER	29d. D	ATE SIGNE	D (Month, Day, Year)
20	1	كسف	_ `	ms			1	0	1262	•	954	0991 ps
30. NAME AND ADDRESS	OF PHESON W	HO COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ		ers!	for	271	m	217	40)
31. DATE FILED Morning	90	32. ve fulks	Charles	Manda	182							

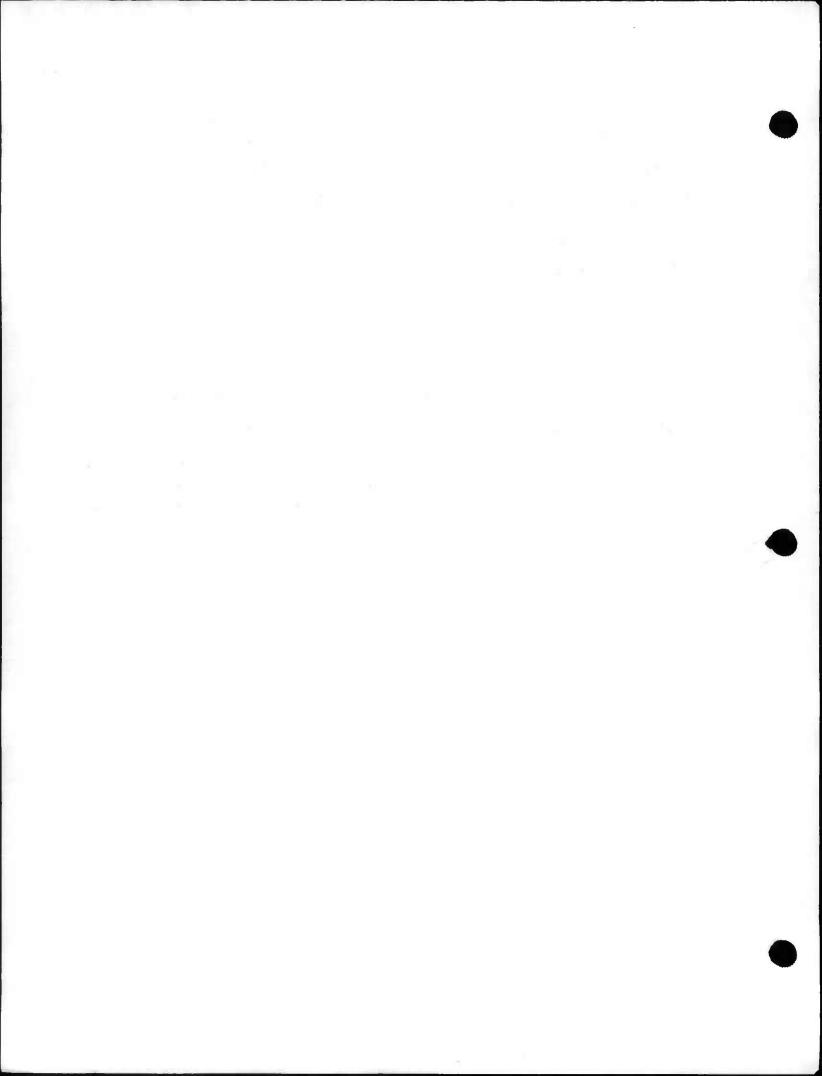
PER DE PO

A Committee of the Comm

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

INIG PHYSICIAN: The law requires that the death certificate be executed within 2 Juns after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be State Debt. of Health and Mental Hyglene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The Iav	TO THE FUNERAL DIRECTOR: After this certificate has the filed within 72 hours after death with the State Dep	IMPORTANT: If item 28 is marked, or item 23

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		EAR 3.	TIME OF DEATH
	MARGARET	GABRIEL	ROZIER	}		July		90		4:15 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH	8.	BIRTHPL	ACE (State or Foreign
	213-16-1690		93 YRS.	9b. CITY. TOWN (HOURE MIN.	Jan.		1897	Mary	land
DIRECTOR	Washington County	· ·			rstown			Was	hing	ton
딥	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TON				10	od. INSIDE CITY
H	Maryland Wash	ington	F	lagersto	ZII				1	LIMITS?
7	10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZE	N OF WHA	IT COUNTRY?
FUNERAL	34 Laurel Street				21740			U.	S.A.	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ENDENT OF HISPAI			or No- 14	6. RACE -	American Indian, Vhite, atc.
BY F	1 Never Married 2 Married 3 X X Widowed 4 Divorced	IF YES, GIVE WAR OR D			ecify Cuben, Maxica 2 XNO Specif		in, otc.)		Specify:	
								1		White
	15. DECEDENT'S EDUC (Specify only highest grade of	completed)		USUAL OCCUPATION Work done during more retired.)		166. KI	ND OF BUS	INESS/INDUS	STRY	
ا ۲	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homen				wn Ho	200		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		пошен	laket	16, MOTHER'S NA					
ŏ	Jacob		Maisack		Mame		Este]		ਸ	nglebright
BE	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					iig1ebi 1giic
임	Melvin F. Rozie	r	34 Lau	rel Stre	eet, Hage	erstow	n Ma	rvlan	d 21	740
	20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS			02000		CATION - CI		
	1) Burial 2 Cremation 3 Remo	wal from State	Rose Hil	1 Cemete	erv		Hage	erstow	m. W	ash. Md.
ij	21. SIGNATURE OF FUNERAL SURVICE LIC	. 17		22. NAME A	ND ADDRESS OF FA					
- 1	+ R. neel	Brady	5		w K. Co					Inc. Md. 21740
Z	23. PART I. Enter the diseases, or carbook, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one ceuse on a		Wie-						Approximete intervel Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O							
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions	s contributing to death	but not resulting	in tha underlyin	g ceuse given in		4e. WAS AN PERFOR	MED?	A C	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO
N.										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C			-		
ΗX	1 TYES 2 NO 27. MANNER OF DEATH	Inpatient 2 ER/Out	tpatient 3 L DOA		JURY AT			NJURY OCCU	IRED	
ď.	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY W	YES 2 NO	250, 5250	IIDE HOW	Nouni occo	MED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, ecity)				ION (Street Town, State)	and Number o	r Rural Rou	ite Number,
COMPLETED	cont only	CIAN: To the best of my known. R: On the besis of examination								ind manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	11			29c. LICENSE NU	MBER		29d. DATE	SIGNED (A	forith, Day, Year)
BE	Alm	hot			D3257			► 7.5	1/2	10.00
2	30. NAME AND ADDRESS OF PERSON WHO								ev .	
	Robert J. Gued	enet	Hagers	stown, M	ary1and	21/40				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	Widson-Rank	tell						



TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

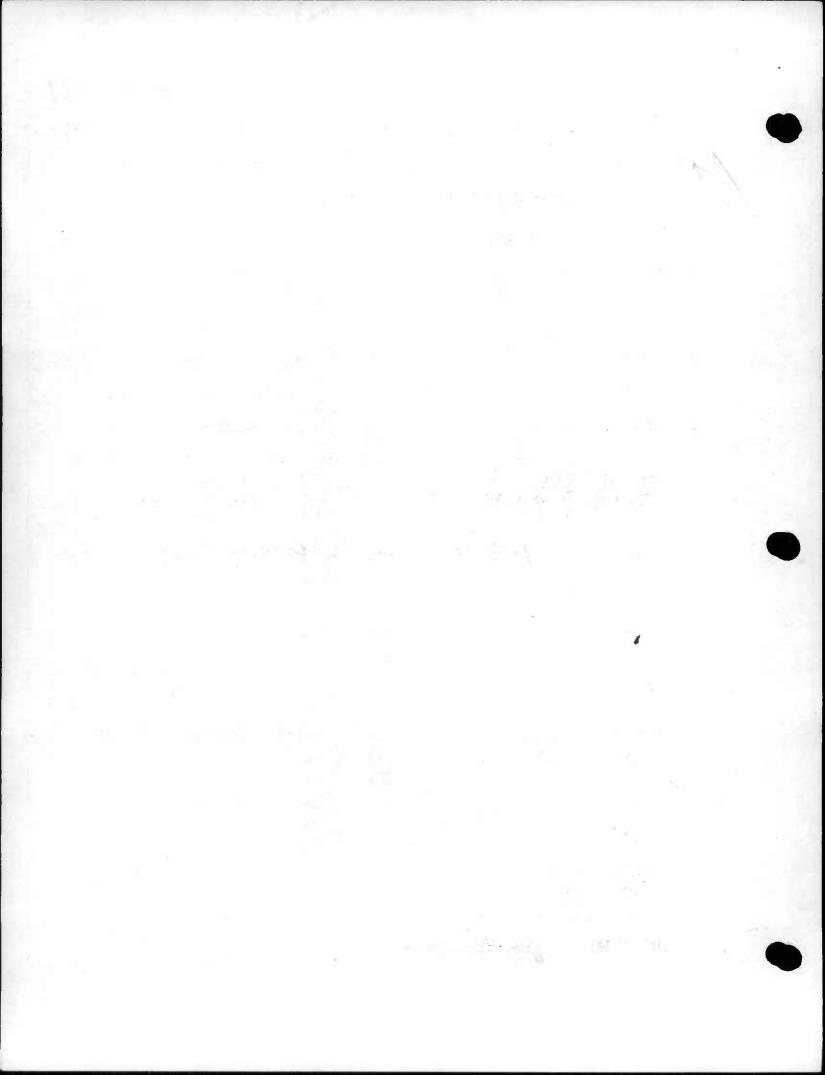
6

TO BE COMPLETED BY FUNERAL DIRECTOR
AL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND N	MENTAL HYGIEN REG. NO.	E	
	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF OEATH		3. TIME OF DEATH
ì	Clif	ford S.	Royer			7 MONTH 7	1 9	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	6. B	NRTHPLACE (State or Foreign
	213-05-6275	15EM 2 - F	75 YRS.	MONTHS DAY	S HOURS MIN.	6-11-19		MARYLAND
	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOV	N OR LOCATION OF DE	ATH	9c. COUNTY	OF OEATH
DIRECTOR	Memorial Ho	spital			ston		Та	lbot
	MARYLAND TA	TY LBOT	10c. CI1	Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	1DOT.		EAST	10f. ZIP COOE		10a. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?
ERA	R.D. #3, BO	OX 298C			21601		U.S	2
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes	OECENOENT OF HISPAN I, specify Cuban, Maxica YES 2 T NO Specify			RACE — American Indian, Black, White, etc. Specify:
區	15. OECEOENT'S EC (Specify only highest grad	UCATION de completed)	18a. OECEDENT'S	work done during	ATION I most of working	16b. KINO OF BU	SINESS/INOUSTI	RY
COMPLETED	Elamentary/Secondary (0-12)	Collega (1-4 or 5+)	ONTINED		MOD.	T A UNIDD	W / DO/	OD DDMATI
ž I	17. FATHER'S NAME (First, Middle, Last)		OWNER	OPERA		ME (First, Middle, Maiden		OD RETAIL
č		. ROYER				AIDE SMI		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AOORESS (Str		Route Number, City or Tow		le)
유	JOYCE A. ROYI					EASTON		
	20a. METHOD OF DISPOSITION 7. P Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	-3-1990	other place)		f cemetery, crematory or		CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	WOODLA		ORTAL_PA E AND ADDRESS OF FA	CILITY		MARYLAND
	·M. E. New	mour !!!	EFSP.	200	S. HARR	NEWNA		ERAL HOME
	23. PART i. Enter the disesses, or	r complications that ceus s. List only one cause on						
	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	. Respu	ratory	Acre	Tzo.			Onset and Desth
_		OUE TO YOR AS	S A CONSEQUENCE	DE:	udial id	fanction	n	
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	Solo of			-	
임	CAUSE (Diseese or Injury that initiated events	c. OUE TO (OR AS	S A CONSEQUENCE	OF):	4			
E	resulting in death) LAST	a Sever	· ASCU	n D				
	PART II. Other significant conditi	one contribution to deet	hut not regulting	in the under	lving cause gluon in	Part I. 24s. WAS AN	ALTTOREY	24b. WERE AUTOPSY FINDINGS
CAL		renta	i but not resulting	III UIA UIIGEI	lying cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
E	Series Cont	De l'ile		-		1 TYES	2XQ NO	OF OEATH?
Σ						—		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (Ch	neck only one)		
SIC	EXAMINER?	NOSPITAL:	utputlent 3 DOA	OTHER:	Home 5 - Residence			
PHYSICIAN: MEDIC	27. MANNER OF OEATH	26a. OATE OF INJUR (Month, Day, Yea	Y 28b. TI	1	INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCUR	EO
BY	1 Natural 5 Pending 2 Accident Investigation	n			YES 2 NO			
	3 Suicide 6 Could not be determined	26a. PLACE OF INJU building, atc. (S	IRY — At home, farm pecify)	, atreet, factory,	office	261. LOCATION (Street City or Town, State	and Number or F)	Rurel Route Number,
COMPLETED	one)	YSICIAN: To the best of my kn						ause(a) and menner as stated.
BE CC	29b. SIGNATURE AND TITLE OF PERTIF	TIEM A KO	2.		DING	1 1	29d. DATE SI	GNEO (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Tvo	oe, Print)	D100	106	Ju	142,1770
			V V V V I	-				
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	-				
	JUL - 2 '90	Grena Driv	idean-Admide					

HYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should like within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	d as item 22 shave any latery or other frammatic around the medical aversions much be modified at once
death certificate be executed within an nours after	attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal	or other traumatic event the medical
677	After this certificate has been signed by the leath with the State Dept. of Health and M.	marked or item 22 chause and lain
THE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: /	ADDRESS H Ham 28 to marke

	1 - STATE REGISTRAR	SIAIE UF M			ICATE				MENTAL HYGIEN REG. NO	7/	1-2	0331
	1. DECEDENT'S NAME (First, Middle, Last) Mary	Cath	erine	RI	NEHAI	RT			July 15,	1990	YEAR 3.	1548 6 M
	4. SOCIAL SECURITY NUMBER 218-70-2152	5. SEX	8. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 31,	1920	8. BIRTHPL Country) Mary	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE			INTY OF DEAT	
CH	Garrett County Me	morialHos	pital			Oak:	Land			Gar	rrett	
5	RESIDENCE OF DECEDENT		-							- Ou		
DIRECTOR	10a. STATE 10b. COUNT			10c. C/T	Y, TOWN C	OR LOCAT		1				Dd. INSIDE CITY LIMITS?
רם	10e. STREET AND NUMBER	Garrett				100	ZIP CODE	land	1	T		YES 2 X NO
HA	Route #1, Box 134					101	ZIP COUL		21550	10g. CI1		AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARA	MED	13.	WAS DEC	ENDENT O		IC ORIGIN? (Specify Ye	a or No	US	American Indian,
8	1 Never Married 2 Married 3 Never Married 4 Divorced	FORCES? 1	YES 2 NAR OR DATES	0	1 2	If yes, sp		n, Mexica	n, Puerto Rican, atc.)		Black, V Specify:	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S	USUAL O	CCUPATIO	N st of workin	a	16b. KIND OF BU	SINESS/IN	DUSTRY	
H	Elementary/Secondary (0-12)	College (1-4 or 5+)	,		work done se retired.)		or working	y				
MP	12th			Hou	sewif	e			Но			
	17. FATHER'S NAME (First, Middle, Last)		27.				18. MOTE		ME (First, Middle, Maider	Surname)		
BE	Charles 19a. INFORMANT'S NAME (Type/Print)	Washington		ne				Sad			Lon	g
2	Mrs. Cathy E. San	dore	1.00						Route Number, City or To			
	20a, METHOD OF DISPOSITION	ders	20b. PLACE (and, Maryl		2 1550 City or Town	
	1X Buriel 2 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	noval from Stata	Garre	ce)							Mary	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE //	Jaire		22.	NAME AN	D ADDRES	S OF FA	CILITY	Land	, Mary	Tanu
110	+ Rallint	Margar .							eral Home d St., Oak	land	MD	21550
CERTIFICATION	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	o. DUE TO (OR AS A CONSECTION AS A CONSEC	SOUENCE C	PF):	Ce	uc	an	ingma if l	ing		Interval Between Onset and Death 3
CE		d,										1
PHYSICIAN: MEDICAL	PART II. Other aignificant conditio	na contributing to	death but not re	esulting	In the ur	nderlyln	ceuse (given in		RMEO?	All C	VALUE OF CAUSE PRIOR TO COMPLETION OF CAUSE F DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE		e 5 □ Re	aldence	8 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF (Month, De		28b. TIII	ME OF JURY M		URY AT RK? YES 2] NO	28d. DESCRIBE HOW	INJURY O	CCURED	
	3 Suicide 8 Could not be detarmined	28e. PLACE Of building,	F INJURY — At horetc. (Specify)	me, ferm,	atreet, fac	tory, offic			28f. LOCATION (Street City or Town, State		or Aural Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN								to the cause(s) and m			nd menner as stated.
TO BE	29b. SIGNATURE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W		DE OF OFAT	4 077 07	D		100	3346		29d. DA	TE SIGNED (A	fonth, Day, Year)
	Dr. Robert M. Cou					, P.	О. В	ox 8	, Eglon,	WV 2	6716	
	JUL 1 7 90	32. REGISTRAL	R'S SIGNATURE	1-02.							_	



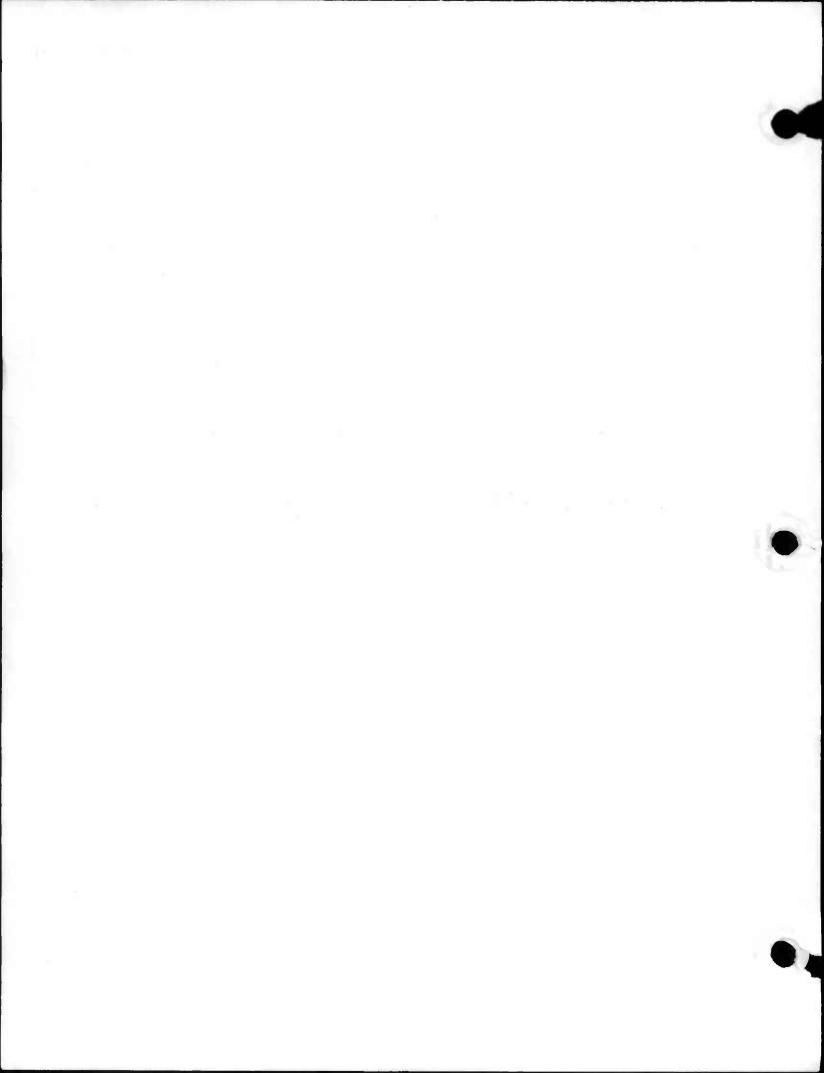
TO BE COMP	TO BE COMPLETED BY BUYSICIAN: MEDICAL CEPTIFICATION
examiner must be notified et once.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified et once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely was in by the funeral director, page 5 should be detached
after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wn.
The state of the s	

JUL 11 '90

32 HEGISTRAN'S SIGNATURE
GILLIA DEVIDENCE PONDER

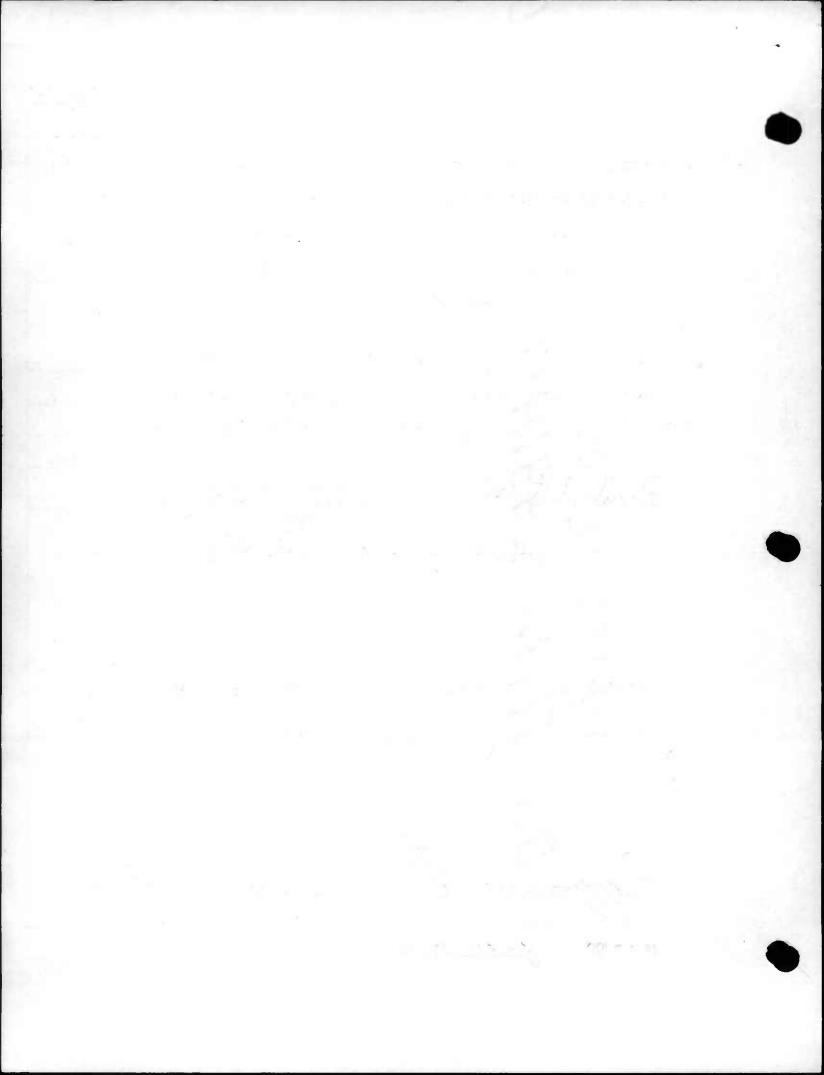
	FOR	STATE OF MARYLAND	DEPARTI	MENT OF	HEALTH AND N	MENTAL HYGIE	NE	20002		
	- STATE REGISTRAR	C	ERTIFIC	ATE OF	DEATH	REG. N	0.			
,	1. DECEDENT'S NAME (First, Middle, Lest)	0 1	F			2. DATE OF DEATH	DAY	3. TIME OF DEATH		
1	Sara	Reube	لسار			7		D. LODAKH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0	BIRTHPLACE (State or Foreign Country)		
	231-46-5691	1 □ M 2 🖾 F 90	YRS.	DAYS DAYS	HOURS MIN.	Aug. 4,13		hila PA		
	9a. FACILITY NAME (If not institution, give at	treet and number)	9	b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH		
Œ	Washington Advent	ist Hospital		Takoma	Dark		Mont	gomery		
8	Washington Advent	ist mospital		Takulla	Idik		Mont	gomery		
DIRECTOR	10s. STATE 10b. COUNTY	1	10c. CITY, 1	TOWN OR LOCA	NOTE			10d. INSIDE CITY LIMITS?		
	Maryland Montg	omery	Ro	ckvill	e			1 X YES 2 NO		
AL	10e. STREET AND NUMBER			1	H. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
EB	14635 Bauer Drive				20852		U.	S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 V	RMED		CENDENT OF NISPAN pecify Cuban, Mexica		Yes or No- 1	4. RACE — American Indian, Black, White, atc.		
	1 Never Married 2 Married	IF YES, GIVE WAR OR DATES	NO		S 2 X NO Specify		1	Specify:		
ВУ	3 Wildowed 4 Divorced							White		
Ë	15. OECEDENT'S EDUC (Specify only highest grade	completed) ((Give kind of wor	RUAL OCCUPAT k done during n	ION lost of working	16b. KIND OF	BUSINESS/INDU	STRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	e. Do NOT use i							
COMPLETED	12	H.	omemak	er		Hom				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malo	en Surname)			
BE	Samuel Levine					de Ludwi				
2	t9a. INFORMANT'S NAME (Type/Print)		9b. MAJLING A	DDRESS (Street	and Number or Rural I	Route Number, City or	lown, State, Zip C	Code)		
- 1					pring Dri					
	20s. METHOD OF DISPOSITION 11XXBurial 2 □ Cremation 3 □ Rame 4 □ Donation 5 □ Other (Specify)	oval from State other p	olece)		emetery, crematory or			ty or Town, Stata		
			David		<u>ial Garde</u>		lls Chu	rch,Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			NSKY-COLD		ORTAL C	HAPELS, INC.		
	Frank 1	a Stone.						le, Md. 20852		
	23. PART i. Enter the diaeeses, or o							st, Approximate		
		List only one cause on each lin	10.	*				interval Between Onset and Death		
- 1	iMMEDIATE CAUSE (Finel disease or condition	PAG	·A·M	18				dui		
	resulting in deeth) a. DUE TO (OR AS, A CONSEQUENCE OF):									
-	Pretaitatie Breat Correy 1990									
CERTIFICATION	Sequentially list conditions, If eny, leading to immediate									
A I	cause, Entar UNDERLYING	c						20,748		
三	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSI	EQUENCE OF):							
F	resulting in death) LAST	d.								
2						B		Z		
¥	PART ii. Other significant condition	is contributing to death but not	resulting in	the underlyi	ng cause given in	Part I. 24a. WAS	FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8						1 🗀 YES	2 12 NO	COMPLETION OF CAUSE OF DEATH?		
M								1 TYES 2 THO		
PHYSICIAN: MEDICAL										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF OEATN (Ch	eck only one)				
YSI	1 VES 2 NO	1 Inpatient 2 ER/Outpatient			me 5 🗆 Residence	8 🗆 Other (Specify)				
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY V	NJURY AT YORK?	26d. OEŞCRIBE NO	W INJURY OCCI	URED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M t	YES 2 NO					
ED	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, str	set, factory, of	Ice	281. LOCATION (Str. City or Town, St	eet and Number o ate)	or Rural Route Number,		
ETE	4 Homicide determined									
PLL	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge,	death occurred	at the time, de	te and place, and due	to the cause(a) and	manner as state	d.		
COMPLET	ann)	ER: On the besis of examination and/o	r investigation,	in my opinion	death occured at the	time, date and place	, and due to the	cause(s) and manner as stated.		
Ö	29b. SIGNATURE AND LITTLE OF BESTIFIE	9 0			29c. LICENSE NU	MAFR	29d. DATE	SIGNED (Month, Day, Year)		
Dit.	non ordinary and the bringing hereigner	2			ZEL OPENSE NO	mount.		The factor of the same of the		
TO BE		e mo			MAR	0,89	D G	7V /490		

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TO THE HUSPITAL DR ALIENDING PHYSICIAN: The law requires that the death certificate de executed within the notion of a regimed by the notion of the notion o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN REG. NO.	E 90	-20333
	1. DECEDENT'S NAME (First, Middle, Last) Elizabet	th Cathe		REALL		2. DATE OF DEATH MONTH July 15,	1990	8:00p.m. w
	4. SOCIAL SECURITY NUMBER 235-70-3303	1 🗆 M 2 🔀 F	E (In yrs. last birthday) 44 YRS.	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRTH (Month, Day, Ybar) April 22, 1946 West Virginia			
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give Garrett County Me RESIDENCE OF DECEDENT		ital		akland	ATH	9c. COUNTY	21550
	10a. STATE 10b. COUNTY WV Grant			Y, TOWN OR LOCA	Gorman	nia		10d. INSIDE CITY LIMITS? 1 YES 2 NO
BAL	10e. STREET AND NUMBER Route #3, Box 20	06-A		10	I. ZIP CODE	5720	10g. CITIZEN USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, ap	ENDENT OF HISPAN ecify Cuben, Maxicas 2 [X NO Specify		or No 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 10th	UCATION de completed) College (1-4 or 5+)	(Give kind of the Do NOT us	USUAL OCCUPATION work done during mose retired.)	ON at of working	18b. KIND OF BUS		RY
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden		
BE C	Harold Ram	nsey Cos	ner		Mary	Catheri	ne	Gay
TO B	19a. INFORMANT'S NAME (Type/Print) Charles A. Reall					nania, WV	n, State, Zip Cod 26720	le)
	20a. METHOD OF DISPOSITION 1 To Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	other place) Bayard Cer		metery, cremetory or		cation - city ard, We	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	Lawal Lawal		Stew	art Funer . Second	CILITY		
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR A:		F): F):	Intern	retion		interval Batween Onset and Death sudden
PHYSICIAN: MEDICAL CI	PART II. Other significant condition					Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	ock only one)		
PHYSI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/O 28a. DATE OF INJUF (Month, Day, Yea	Y 28b, Till	IE OF 28c. IN.	JURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicida determined	28a, PLACE OF INJU	RY — At home, farm, pecify)			281. LOCATION (Street City or Town, State)	and Number or F	Rurel Route Number,
TO BE COMPLETED	200 DISSEATURE AND TITLE OF CEPTIFE	en en en en en en en en en en en en en e	tion socior divisingation	en, in my opinion, o		time, date and place, an	d dua to the ca	use(e) and manner as stated.
	Dr. Mark Domenic 31. DATE FILED (Month, Day, Year)	k, MD c/o (Garrett Co		ial Hospi	tal, Oakla	and, MD	21550
	JUL 17 '90	John Sent	The state of the s					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24—fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, br removal. IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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- STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle	STATE OF	C	ERTIF	ICATE	OF DEATH	REG. NO.			3. TIME OF DEATH	_
Contraction of the Contraction	Fred	Emi	ile		Ringe,Jr.	MONTH 2-90 D	W	YEAR	12:40AM	М
4. SOCIAL SECURITY NUMBER 579-18-0787	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 22, 192		Country	PLACE (State or Foreign () INGTON, D.	
90. FACILITY NAME (If not institution 12804 Baltim	ore Avenue				own or Location of D Laurel		9c. COUNT	Y OF D		
RESIDENCE OF DECEDE	COUNTY		10c. CIT	Y, TOWN OR	LOCATION	-			10d. INSIDE CITY LIMITS?	
MARYLAND	MONTGOMER	Y	SIL	VER SI	PRING				1 YES 2 NO	
10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZE	EN OF W	HAT COUNTRY?	
10502 PROCTER	STREET				20901		USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	DENT EVER IN U.S., 1 YES 2X E WAR OR DATES	ARMED NO	If y	S DECENDENT OF HISPA es, specify Cuban, Maxic YES 2 NO Speci		or No- 1	Special Specia	— American Indian, , Whita, atc. fy: HITE	
	r'S EDUCATION			USUAL OCC		16b. KIND OF BU	SINESS/INDU		1111	-
(Specify only highes Elementary/Secondary (0-12)	cotlege (1-4 o	5+)	(Give kind of ville. Do NOT us	work done dun se retired.)	ing most of working					
17. FATHER'S NAME (First, Middle, L			2111 1 1310		16. MOTHER'S N	AME (First, Middle, Maiden	Surname)			
FRED E. RING	E. SR.				ETHEL J					
19a. INFORMANT'S NAME (Type/Prin			19b. MAILING	ADDRESS (S		Route Number, City or Tow	n, State, Zio C	Code)		_
ROSEMARY A. RINGE (WIFE) 10502 PROCTER STREET SILVER SPRING, MARYL									YLAND 209	0.3
20a METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3	20c. LO	CATION — CI	ity or To	wn, Stata						
4 Donation 5 Other (Specif	(v)	MT.	OLIVI	ET CEM	IETERY	WASH	INGTO	N. I) . C	
21. SIGNATURE OF FUNERAL SERV	AICE LICENSEE							.,, .	7.0.	_
· Olan L	D Ety	nel		500	UNIVERSIT	ACILITY DLLINS FUNE Y BLVD.,W.	RAL H	OME SPR	, INC.	01
IMMEDIATE CAUSE (Final disease or condition	allure. List only one	cause on each li	ine.	FRA 500 not enter th	NCIS J. CO UNIVERSIT	ACILITY LLINS FUNE Y BLVD., W.	RAL H	OME SPR	, INC.	1001
ahock, or heart for iMMEDIATE CAUSE (Final	Shoto DUE	cause on each li	ine. I of c sequence o	FRA 500 not enter the hest a	NCIS J. CO UNIVERSIT	ACILITY LLINS FUNE Y BLVD., W.	RAL H	OME SPR	, INC. , MD. 209	1001
shock, or heart for immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. Shoto DUE b. DUE c. DUE	UN WOUND TO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONSTO (OR AS A CONST	Ine. I of c SEQUENCE O	FRA 500 not enter the hest and the state of	NCIS J. CO UNIVERSIT THE MODE OF DYING, SU AND ABOME!	ACILITY LLINS FUNE TY BLVD., W. ch es cerdiec or reep	RAL HOSIL.:	OME SPR at,	, INC. , MD. 209	est
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ahock, or heart from the property of the prope	BICAL HOSPITALT 1 28e. DATE 1 1 1 1 28e. DATE 1 28e. PLAM build nined	TO (OR AS A CONSTO (OR AS A CO	SEQUENCE O	FRA 500 not enter th hest a F): F): In the under OTHER: A OF JURY M street, factor house	and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed and abdomed	ACILITY DLLINS FUNE TY BLVD., W. The es cerdiec or reep The control of the contr	I AUTOPSY RMED? SCE INJURY OCCU Shot	OME SPR.	Approximate interval Betwoonset and Donset a	Wee ent
ahock, or heart for immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant contents of the course. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant contents of the course course of the course	BICAL HOSPITAL 1 Inot be inlined G PHYSICIAN: To the be	TO (OR AS A CONSTO (OR AS A CO	SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O	FRA 500 not enter th hest a F): F): The in the under OTHER: 4 Nursin ME OF JURY M street, factor house	and abdomes and a	ACILITY LLINS FUNE Y BLVD., W. ch es cerdiec or reep 1 Part i. 24a. WAS AN PERFO XXYES: theck only one) 28d. OESCRIBE HOW Subject S 28f. LOCATION (Street	RAL HO SIL.: Iratory arre RAUTOPSY RMED? ROMED? ROMED	OME SPR.	Approximate interval Betwoen and Description of the completion of comple	NG:

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32 REGISTRAR'S SIGNATURE
Julia Davidron Randoll

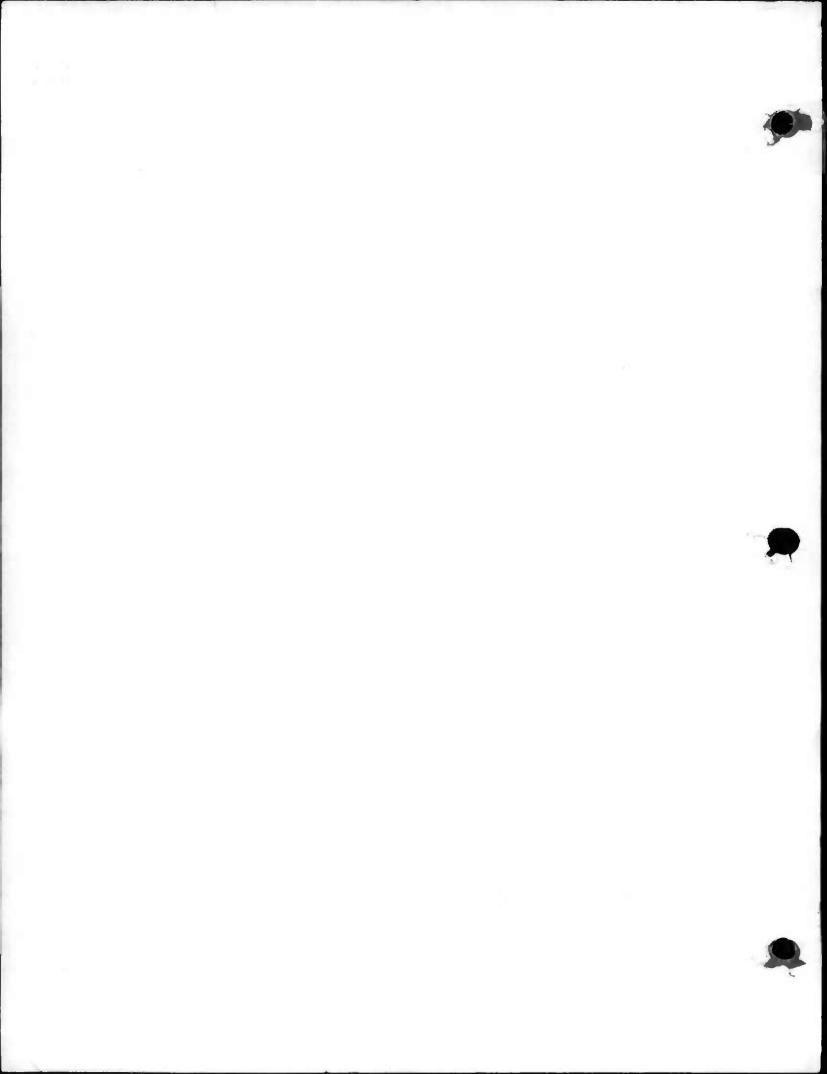
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ann M. Dixon, MD

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

111 Penn Street, Baltimore, MD 21201



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the class of the funeral director, page 5 should be detached for use the class of the funeral director, page 5 should be detached for use the class of the funeral director, page 5 should be detached for use	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				GIENE G. NO.		0 2000	
	1. DECEDENT'S NAME (First, Middle, Lest)	Dorothy Rir	ngland			2. DATE OF DE MONTH July 4	EATH DAY	YEAR	3. TIME OF DEATH 11:45 P M	
	4. SOCIAL SECURITY NUMBER 577–36–7445 99. FACILITY NAME (If not institution, give at	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	UNDER 1 YEAR HTHS DAYS	HOURS MIN.	Oct. 5, 1894 California				
TOR	6801 West Avenue	est and number;		Chevy C		AIR	1 1		mery	
FUNERAL DIRECTOR	Maryland Montg	gomery		own on Locati				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 X NO		
ERAL	100. STREET AND NUMBER 6801 West Avenue			101.	ZIP CODE	20815			States	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR DR D	2 XNO	If yes, spe	ENDENT OF HISPAN city Cuben, Mexica 2 NO Specify	n, Puerto Rican,			CE — American Indian, ock, White, etc. ecity: White	
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		180. DECEDENT'S USL (Give kind of work life. Do NOT use re Social Ac	done during mos tired.)	st of working		of Business/ii -employ			
MO	17. FATHER'S NAME (First, Middle, Last)		BUCIAL A	CCIVIS	18. MOTHER'S NA					
BE C	Frederick Willia	m Gerberding	3		Anna I	Hermann	s Shere	r		
TO B	19a. INFORMANT'S NAME (Type/Print) Susan Ringland		19b. MAILING AD 6801 W		enue, Cl		ase, MD		315	
	20s. METHOD OF DISPOSITION 1	ovel from State	b. PLACE OF DISPOSITION Other place) Suburban C			- 1	20c. LOCATION - Silver .		Town, State ng, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 2091									
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS		sinde	iene;	MG a	lfew	ma	Interval Between Onset and Death	
MEDICAL	PART II. Other algoriticant condition Stability Agreed	a contributing to death I	but not resulting in t	ha underlying	g cause given in	ren In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO COMPLETION OF CALL OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	neck only one)				
SIC	EXAMINER? 1 YES 2X NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	e 5X Residence	6 Other (Spe	octfy)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e, DATE OF INJURY (Month, Day, Year)	28b. TIME D	Y WO	URY AT PRK?	28d. OESCRIB	E HDW INJURY (OCCURED		
	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm, stre sclly)	et, factory, offic		28f. LOCATION City or Tox	(Street and Numi vn, State)	ber or Run	al Route Number,	
COMPLETED	one)	CIAN: To the best of my know						menner as stated. , and dua lo the cause(e) and manner as stated.		
BE	29b. SIGNATURE AND VITLE OF PERTIFIER	Janen.	m.Q.		29c. LICENSE NU	LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) July 5, 1990				
5	30. NAME AND ADDRESS OF PERSON WH David V. Young, N		EATH (ITEM 27) (Type, Pr Connectic	,	nue, NW.	Washin				
	31. DATE FILED (Month, Day, Year) 990	32 REGISTRAR'S SIG		-						



	- S	
BALTIMORE, MARYLAND 21203-3146	frer death. Page 6 may be retained by the hospital or attending physician. The funeral directior, page 5 should be detached for use as the burial-transit permit. Page oval:	al examiner must be notified at once.
	d in by	medic
	in 24 the ely fille nation.	the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HUREAL MEECHOR-Man the retrieval has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, the state and with the state has been signed by the state	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAN		CL	HIIFIC	AIL	I DEA	111	HEG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) RALPH							2. DATE OF DEATH DA July 12,		YEAR	: 05P M
4. SOCIAL SECURITY NUMBER		L AGE (In yrs. last		UNDER 1 YEA	R IF UNDE	9 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign		
717-07-9372	1 X M 2 🗆 F	87		INTHS DAY		MIN.	(Month, Dey, Year) August 7,1	ana	Country) Marvla	nd
9e. FACILITY NAME (If not institution, give etre	et and number)		91	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					IId	
1109 Oak Hill A	venue			Hagerstown Washin					Washing	ton
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			40- 01774 7	OWN OR LO	CATION				1 404 14	HOIDE OUTV
	ington			agers				10d. INSIDE CITY LIMITS? 1. YES 2 NO		
10e. STREET AND NUMBER				1	101, ZIP COD	E		10g. CIT	ZEN OF WHAT C	OUNTRY?
1109 Oak Hill Ave			217				U.S.A.	17		
	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED				NIC ORIGIN? (Specify Yes	or No-	14. RACE - Am Black, White	erican Indian, a, atc.
1 Never Merried 2 Merried 3 TWidowed 4 Divorced	IF YES, GIVE WAI	R OR OATES			YES 2 NO				Specify:	
15. OECEOENT'S EDUCA	TION	460 DE	CEDENT'S US	LIAL OCCUM	ATION		16b, KIND OF BUS	DINEGO (INI		ite
(Specify only highest grade of	ompleted)	(G/	ve kind of worl Do NOT use n	done during	most of work	ing	160. KIND OF BUS	SINESS/INL	JOSINI	
Elementary/Secondary (0-12)	College (1-4 or 5+)		mer	,			Mail Hau	ling	Busine	.ss
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maiden	Sumame)		
Clayton	L.	Rohrer			I	anni	e E.	Ri	nehart	
19e. INFORMANT'S NAME (Type/Print)		198	. MAILING AD	ODRESS (Str	eet and Numbe	r or Rural	Route Number, City or Tow	n, State, Zip	Code)	
Betty R. Gowen			52 Eme	erald	Drive	, Ha	gerstown,			
20e. METHOO OF OISPOSITION	ral from State	other pla	of disposition of the dispositio				1000		city or Town, Sta wn , Wash	
21. SIGNATURE OF FUNERAL SERVICE LICE					E AND ADDRI					
> R. Kael	Brad	4					fman Funer m St., Hag			
23. PART I. Enter the diseases, or co ahock, or heart fallure. L				anter tha	mode of dy	ing, suc	h as cardiac or respi	iratory ar	- 1	Approximate interval Between
iMMEDIATE CAUSE (Fine) disease or condition	A == +	0 m ± 0 0 0	.1	- i - 1		3 :			i	Onset and Death
resulting in deeth) a		OR AS A CONSE								any year
									ĺ	
Sequentially list conditions, if eny, lasding to immediate	DUE TO (C	OR AS A CONSEC	DUENCE OF):							
CAUSE (Diseese or injury	DHE TO //	OR AS A CONSE	NIENCE OF							
that initiated events resulting in death) LAST	DUE 10 (C	ON AS A CONSEL	DUENCE OF):						į	
d.										
PART II. Other significant conditions			esulting in	the under	lying cause	given in	Part i. 24a. WAS AN PERFOR		AMIL	AUTOPSY FINDINGS ABLE PRIOR TO
Adenocarcino		state					1 _ YES 2	NO NO	OF DE	LETION OF CAUSE EATH?
Diabetes mell	itus								1 🗆	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF	DE ATH AN	reck celt cost			
EXAMINER?	HOSPITAL:	E9/Outenation A		THER:						
27. MANNER DF DEATH	28e. DATE OF II		28b. TIME (OF 28c	. INJURY AT	-4mdelice	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
1 Netural 5 Pending	(Month, Day		INJUR	ny .	WORK?	□ NO				
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined		INJURY — At ho tc. (Specify)	ome, farm, stre	et, factory,	office		28f. LOCATION (Street City or Town, State)		or or Rural Route N	umber,
20a CESTIFIED										
(Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER										menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	21				29c. Li	ENSE NU	MBER	29d. DA	TE SIGNED (Month	1, Day, Year)
/dwark w t	71 HUE				D 10	602		LI	1y 13,	1990
30. NAME AND ADDRESS OF PERSON WHO						_				
Edward W. Ditto	32. REGISTRAR		W.Wa	shin	gton	St.	Hagerst	own.	Md 21	740
JUL 16 '90	guna Dan		dess							

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DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	Middle Leet)									2 DATE (OF DEATH			3. TIME OF DEATH
Ethel		Raymond			MONTH	MONTH DAY YEAR			12:58 A.M.					
4. SOCIAL SECURITY NUMBER	BER	5. SEX	T.	(In yrs. lasi	birthdev)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE C	4			PLACE (State or Foreign
220-34-4726		1 🗆 M 2 💢 F	95				DAYS	HOURS	MIN.		Day, Year) 23,18	294	Countr	n rland
9a, FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D								
Fernwood H	ouse					Bethesda Montgome					merv			
RESIDENCE OF DEC	RESIDENCE OF DECEDENT													
10e. STATE	10b. COUNTY				10c. CITY,	TOWN OR	LOCAT	TION						10d. INSIDE CITY LIMITS?
Maryland	· · · · · ·	gomery			В	ethes	da							1 TES MY NO
10e. STREET AND NUMBER							101	1. ZIP CODI				10g. CIT	IZEN OF V	VHAT COUNTRY?
4970 Batte	ery Lar								2081				U.S.	
11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS OECEDER				13. W	VS DEC	CENDENT Concept Control Control	F HISPAR n, Mexico	NIC ORIGIN: m, Puerto R	? (Specify Yee icen, etc.)	or No-	14. RACE Black	E — American Indien, c, White, etc.
## Specify: Specify: Specify: Specify: Specify: Specify: Specify: Specify: White														
15. DEC	EDENT'S EOU	CATION		18e. DE	CEDENT'S U	SUAL OCC	UPATIO	ON		16b.	KIND OF BUS	INESS/IN	DUSTRY	
(Specify on Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	+)	(Gi life.	ve kind of wo Do NOT usa	retired.)	ring mo	ost of working	ng					
,		5	.,		Acco	untar	ıt			I	nterna	al Re	evenu	e Service
17. FATHER'S NAME (First, A	fiddle, Last)							18. MOTI	HER'S NA	ME (First, M	liddle, Maiden	Surname)		
John	Al	bert		Th	norne			Ιά	la		Euger	nia	V	Whitmore
19e. INFORMANT'S NAME (Type/Print)			198	. MAILING	ADDRESS (Street	end Number	or Rural	Route Numb	er, City or Town	n, State, Zi	ip Code)	
Raymond R.	O'Neil	.1]	1014	Schu	ıylı	kill	Road	d, Ro	ckvil	le, 1	Maryl	and 20852
20e. METHOD OF DISPOSIT		oval from State	200	other pie	OF DISPOSI	TION (Nam	e of ce	metery, cren	natory or		20c, LO	CATION -	City or To	wn, State
4 Donetion 5 Dother			_ F	Parkl	lawn M									Maryland
21. SIGNATURE OF FUNERA						22 NAME AND ADDRESS OF FACILITY ROBert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc., 7557 Wisconsin								
Milary	200	3. Day	Q	M005	522	1 Be	etne	esaa-	-Che	vy Ch	ase,]	inc.	, 755	7 Wisconsin
23. PART I. Enter the d	iseeses, or	complications the	st csuse	d the de	sth. Do no				_					Approximate
shock, or h IMMEDIATE CAUSE (Fi		Liet only one ce	use on e	ech line	Ú									Interval Between Onset and Death
disease or condition	nsı	Cance	er of	E the	e lun	ung						6 months		
resulting in death)		0			DUENCE OF									0 111011011
		b.												
Sequentially list condi- if any, lesding to imme		OUE TO	(OR AS	A CONSE	DUENCE OF	:								
cause. Enter UNDERLY CAUSE (Disease or Injury)		с												
that initieted events resulting in death) LAS		DUE TO	OR AS	A CONSE	DUENCE OF	:								
resolding in destily Exc	"	d												
PART II. Other algnific	ent condition	s contributing to	deeth l	out not r	esulting in	the und	erlyin	ng cause	given in	Part I.	24a. WAS AN		246	. WERE AUTOPSY FINDINGS
											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
												27550		OF DEATH? 1 YES 2 NO
										_				
25. WAS CASE REFERRED	TO MEDICAL						26. P	LACE OF C	EATH (C/	heck only on	e)			
EXAMINER? 1 □ YES XX NO		HOSPITAL: 1 tnpatient 2	☐ ER/Out	patient 3	□ DOA	OTHER:	ng Hor	me 5 🗆 R	eeldence	8 🗆 Other	(Specify)			
27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)		28b. TIME	OF 2	Bc. IN	JURY AT ORK?			CRIBE HOW I	NJURY O	CCURED	
XX Natural 5 2 Accident	Pending Investigation	(INCOME),	7, 1001)			M	_	YES 2 [] NO					
3 Suicide 6	Could not be	286. PLACE building	OF INJURY		me, farm, at	reet, factor	ry, offic	Ce			ATION (Street i		er or Rural	Route Number,
4 Homicide	determined													
29e. CERTIFIER XX CER	TIFYING PHYS	ICIAN: To the best o	f my knov	vledge, de	ath occurre	d at the tim	ne, data	a end place	, and du	e to the ceu	se(e) end me	nner ee st	ated.	
	HEAL EXAMIN	ER: On the pasie of	examinatio	on end/or	Investigation	, In my op	Inlon,	death occu	red at the	time, date	end place, er	nd due to	the ceuse(e) end menner as stated.
29b. SIGNATURE AND TITE	E OF CERTIFIE	R				^		29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
A.	1 1	- / 7	·w	1	MT.	5/		DC	747	1		▶ J	uly	2, 1990
30. NAME AND ADDRESS C	F PERSON WI	O COMPLETED CA	JSE OF DI	EATHLITE	М 27) (Туре,	Print)	17							
Paul T. N	loone,	M.D., 50	Wes	st Ec	lmons	tone	Dr.	ive,	#20	7, Ro	ckvil	le, 1	Maryl	and 20852
31. DATE FILED (Month, Day	(Vear)	32. REGISTE)/	1							
JULO	9 9 0	gali	way	dron	Randal	2/	V	121	116	> X	1			

TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within seminal state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 be filed within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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Las Day

1	3
BALTIMORE, MARYLAND 21203-3146	Neurs after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit pent, or removal. or removal. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician. L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perform. E hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. I tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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with	pletel	rema	aumatic event, the medical examiner r
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Decu	and	Da.	nati
Pe	ician	TOT I	ranu
f cate	phys	ne pr	ler t
certi	ding	ygie	to
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req	peen	t. of	she
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F	cate	State	Item
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ING	ther	eath	ma
END	OR: A	ter d	8 18
AT	RECT.	Irs af	m 2
4 06	LDE	2 hou	Ite
SPITA	ERA	Jin 72	100
5	F	With	HTAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must
P	F	Z	=

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
	Lois Adeline Roberts 7 10 9							3. TIME OF DEATH	
	579-22-2796				IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 08-26-14	A	BIRTHPLACE (State or Foreign Country) Athens, OH	
TOR	9a. FACILITY NAME (If not institution, give atre 921 Georges Lar RESIDENCE OF DECEDENT		1		t River		Anne	e Arundel	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	Da. STATE 10b. COUNTY 10c							
ERAL	921 Georges La		0778		10g. CITIZEN OF WHAT COUNTRY? USA				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 25 THO ATES	D 13. WAS DECENDENT OF HISPANIC ORI If yes, specify Cuben, Mexican, Puer 1 ☐ YES 文禄 NO Specify:			or No— 14.	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	CTION ompleted) College (1-4 or 5+)	Give kind of wo life. Do NOT use	rk done during mo retired.)	DN st of working	16b. KIND OF BUS			
3	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Malden		<u> </u>	
ŏ	Isaac McHarg				Myrtie				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		loute Number, City or Tow		de)	
2	Judy Bell		921 G	eorges	Lane,	West Riv	er, M	ID 20778	
	20a. METHOD OF DISPOSITION	200	PLACE OF DISPOSE	TION (Name of cer	metery, crematory or			or Town, State	
	1 N Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 6 ☐ Other (Specify)	ni from State	illcres	t Ceme	tery	Da	vidso	nville,MD	
	21. SIGNATURE OF FUNERAL BERVICE LICE	WILL.		Har		uneral H		A. lesville,MD	
	23. PART I. Entar the diseases, or co	mpilcations that cause	d the death. Do no						
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As A conscouence of):								
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF)	and do	the list			7 marth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
B	d.								
MEDICAL	Left Hemisph	the underlyin	g cause given in	iven in Part i. 24a. WAS AN A PERFORM 1 YES 2		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Ä									
C		HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT DRK7	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUI	RED	
TED BY	2 Accident investigation 3 Suicide s Could not be determined determined determined								
COMPLETED	29a. CERTIFIER (Check only one) 29 a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piecs, and due to the cause(s) and manner as stated. 29 a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piecs, and due to the cause(s) and manner as stated.								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Burban			29c. LICENSE NUN D 3854			BIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO BY	erbaum	134 0	Print) WCNS v	ille Roc	d, Wes	+ Rive	r Mp	
	JUL 1 1 1990 Julia	32. REGISTRAR'S SIGN							

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Maria Caracana de

1	-	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last)	0				1	2. OATE OF			WEAR.	3. TIME OF DEATH
Joseph	R.	78	HA	JOLA	5	MONTH	204	7	YEAR	4:02 A H
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest	birthoay)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			8. BIRTH	IPLACE (State or Foreign
718-10-5508	1 M 2 🗆 F	27	YRS.	IONTHS DAYS	HOURS MIN.	(Month, De	ay, Year)	02	Country	rginia
9a. FACILITY NAME (If not institution, give s	treet end number)	<u> </u>	- 1	9b. CITY, TOWN	OR LOCATION OF DE				NTY OF O	
Anne Arundel Gene	eral Hospita	1		į	Armapolis			Ann	e Ar	undel
RESIDENCE OF DECEDENT										
10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA						10d. INSIDE CITY LIMITS?
Maryland Ann	e Arundel			Ara	napolis					LIMITS?
10e. STREET AND NUMBER				10	f. ZIP CODE			11.5		VHAT COUNTRY?
1131 River Bat Ro	ad Anna	polis			21401			U	S.A	•
11. MARITAL STATUS	12. WAS DECEDENT EVER			13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (S	Specify Yee	or No-	14. RACE	- American Indian, c, While, etc.
1 Never Merried 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF		•		2 X NO Specify		11, 910.7		Speci	
			V 10 10 10 10 10 10 10 10 10 10 10 10 10							asian
15. DECEDENT'S EDU (Specify only highest grade	cation completed)	16e, DEC	ve kind of wo	SUAL OCCUPATI rk done during m retired.)	ON ost of working	16b, KII	ND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	1					m '		1 0	
12+		I Pu	rchas	sing Ag		-			d Sy	stem
17. FATHER'S NAME (First, Middle, Last) Charles F. Reynol	de				18. MOTHER'S NA	me (First, Midd .e Brat		Sumame)		
	.uo	-			1					
19e. INFORMANT'S NAME (Type/Print)		19b			and Number or Rural F					400
Mrs. Jane K. Reyr					Bay Road	Anna	_			
20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem	oval from State	other pla	ce)		metery, crematory or				City or To	
4 Donetion 5 Other (Specify)		For	t Lin		emetery					, Maryland
21. SIGNATURE OF SUNERAL SERVICE LI	CENSEE			Barra	NO ADDRESS OF FA	SETF.H	. 495	Rit	chie	Highway
Common to	Jose sa	200			na Park,			2114	-	
shock, or heart feliure. MME DATE CAUSE (Finel deese or condition recuiting in death) Sequentially list conditions, if any, leeding to immediate	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							Approximete Interval Between Onset and Death		
cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events recuiting in death) LAST PART II. Other aignificent condition	c. OUE TO (OR A				og ceuse given in		la, WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
					,,		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
-						— ¹	YES 2	□ NO		OF DEATH?
						—				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				80.5	N AGE OF CENTURE					
EXAMINER?	HOSPITAL:			OTHER:	LACE OF OEATH (Ch					
1 YES 2 NO	1 Inpatient 2 ER/C		28b. TIME		me 5 Residence	8 Other (S		N.HIEV O	CUREO	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yes	r)	INJU	M 1 🗆	ORK? YES 2 NO	AOU. DESCH	SE HOW !	MUNT OC	~UNEU	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At hor specify)	me, farm, st	reet, factory, off	ce		ON (Street l fown, State)		er or Rural i	Route Number,
CONSUM ONLY	ICIAN: To the best of my kr									e) and manner as atsted.
296. SIGNATURE AND TITLE OF CERTIFIE	/			. ,	29c. LICENSE NUI		/			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH OTE	4 27) (Emc.)	Dring!	mo3	6/6	/	► 6	0/2	9/40
MRIE	BMAN	2	- /	84	RIUM	K	21	1	NN	op Mb
JUL 1 1 1990 Sulia	32. REGISTRAR'S S									
/										

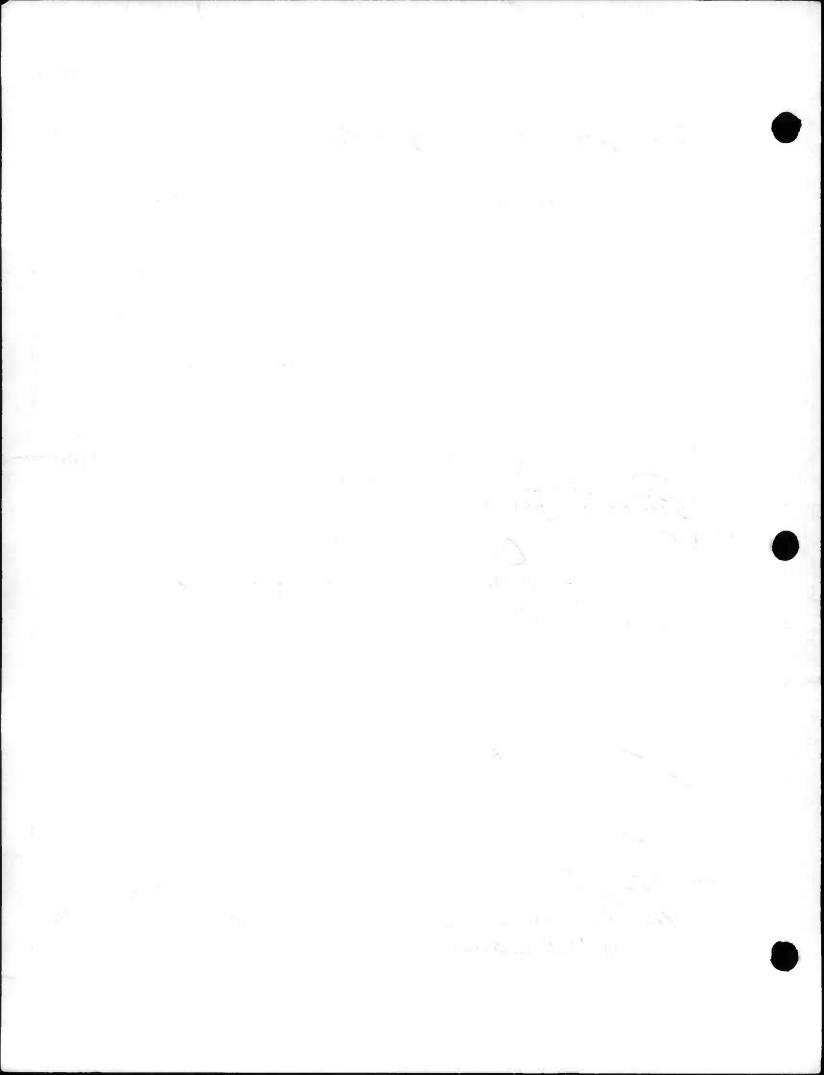
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zeriours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

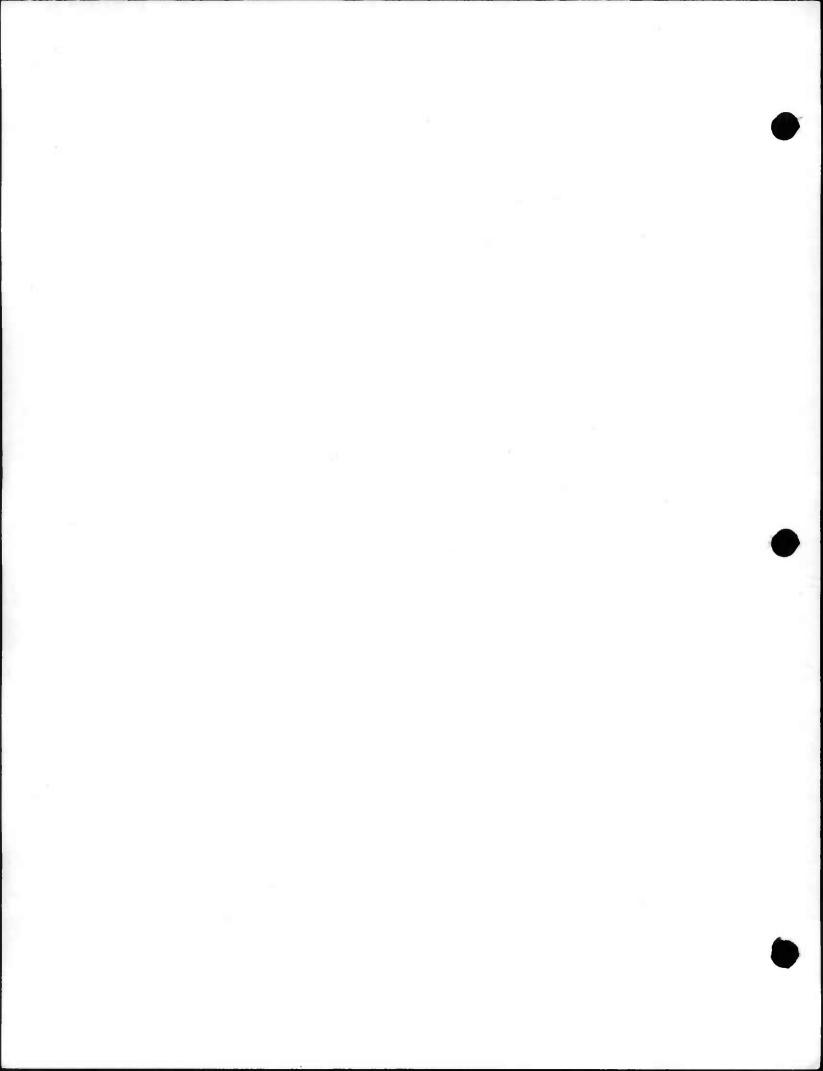
DHMH-16 Rev 1/81



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMONE, MANTLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incompanies of may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL DR ATTENDING PI	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If Item 28 Is mark

	1 - STATE REGISTRAR				CALE	OF DEA			REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH							EATH							
	JUDITH	ANN	IN STO		STORM	ORM		7 6			90	12:18	Рм	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /			IF UNDER I YE		_	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Fore Country)		r Foreign		
	364-42-5833	1 ☐ M 2 🔀 F	49	YRS.	MONTHS DA	HOURS	MIN.		ch 3, 1	.941		nigan		
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TO	WN OR LOCATI			,		ITY OF DE			
٣ ا	Washington Cour	ntv Hospit	al			Hagers	town	1		Was	shino	rton		
DIRECTOR	RESIDENCE OF DECEDENT									1 Hai	J.1.1.1.			
뿐	10a. STATE 10b. COUNTY				, TOWN OR L							10d. INSIDE C	ITY	
	Maryland	Washingto	n	C.	lear S	pring						1 YES 2		
ا ≳	10e. STREET AND NUMBER					101. ZIP COD		10g. CITIZEN O					n	
崱	13191 Gruber Roa						21722			<u> </u>	U.S.			
FUNERAL	11. MARITAL STATUS 1 Never Married 2XX Merried	12. WAS DECEDENT EV FORCES? 1				DECENDENT (BIN? (Specify Yes o Rican, atc.)	or No—	14. RACE Black,	 American I White, etc. 	ndlen,	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	DR DATES		10	YES 2 X NO	Specify	<i>r</i> :			Specify	white		
	15. DECEOENT'S EDUC	CATION	16a DE	CEDENT'S I	USUAL OCCU	PATION		Ta	6b. KIND OF BUS	SINESS/IND	HSTRY	WIIICO		
COMPLETED	(Specify only highest grade	completed)	(Gi	ive kind of we	ork done durin	g most of work	ing	18	OL KIND OF BO	311423371142	OSINI			
ا يّ	Elamentary/Secondary (0-12) 0-12	College (1-4 or 5+) 1-2	l r	mail	carrie	er		- 1	posta	al de	pt.	r.		
5	17. FATHER'S NAME (First, Middle, Last)						HER'S NA	ME (First	t, Middle, Malden		r - ·			
	Lee Br	own				12		Ad	laline :	Pastr	vk			
쀪	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (St	reet and Numbe	r or Rural F		mber, City or Tow		4			
2	Mr. Lloyd G. Sto	rm							r Spri			and 21	722	
	20s, METHOD OF DISPOSITION		20b. PLACE			of cemetery, cre				-	ION — City or Town, State			
	1 Donation 5 Other (Specify)	oval from State	Rest	t Hav	en Cer	netery		Hagerstown, Maryland				ind		
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF FACILITY						Minnich Funeral Home					
	SOUTH	m.	415 East Wilson Blvd., Hagerstown, M						n. MD					
	2000											,21	.740	
	23. PART i. Enter the diseases, or c ahock, or heart failure. I	complications that ca List only one cause	used the de on eech lina	eath. Do no	ot enter the	moda of dy	ring, suci	h aa ca	ardiac or reap	iratory arr	reat,	Approx	imate i Between	
	IMMEDIATE CAUSE (Final													
- 1	disease or condition a. Multiple Injuries													
	DUE TO (OR AS A CONSEQUENCE OF):													
_	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
8 I		b. DUE TO (OR	AS A CONSE	OUENCE OF	,									
ATION	if any, leading to immediate	bDUE TO (OR	AS A CONSEC	QUENCE OF	,									
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	AS A CONSE	33370 - 02	ŋ:									
HILICATION	if any, leading to immediate cause. Enter UNDERLYING	с	11 1122	33370 - 02	ŋ:									
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSE	OUENCE OF	· ·):									
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSE	OUENCE OF	· ·):	rlying cause	given in	Part I.	24a. WAS AN		24b.	WERE AUTOPS AVAILABLE PR	IOR TO	
DICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSE	OUENCE OF	· ·):	rlying cause	given in	Part I.	24a. WAS AM PERFOI 1 [X] YES:	RMED?	24b.		IOR TO	
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DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an increase the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH		CENTIL	CAIL	L DEALH	REG. I	VO.			
,	1. DECEDENT'S NAME (First, Middle, Last)	Smith	1			2. DATE OF DEATH	DAY	YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH 8.		A BISTUPI	8. BIRTHPLACE (State or Foreign	
	214-09-9210		5 YRS.	MONTHS DAY		(Month, Day, Year	Month, Day, Year)		sylvania	
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOV	YN OR LOCATION OF DE	EATH		UNTY OF DEA	тн	
<u>E</u>	Washington County	1 Hospital		Hager	stown		Was	hingt	on.	
DIRECTOR	RESIDENCE OF DECEDENT	<u> </u>		<u> </u>				3 -		
Ĕ I	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			1	Dd. INSIDE CITY LIMITS?	
5 1	Maryland Washir	naton	Smi	thsbur	7			1,	YES 2 NO	
	10e. STREET AND NUMBER	igreon	131110	CIBBUL	10f. ZIP CODE		10g, Cl		AT COUNTRY?	
FUNERAL							10,000			
빌	Rt. 4 Box 18C				21783			USA		
2	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES	N U.S. ARMED		DECENDENT OF HISPAI , specify, Cuben, Mexico			14. RACE - Black, 1	- American Indien, White, etc.	
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆	YES 2 NO Specif	y:		Specify:	White	
			WWII						WIDOCC	
	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S (Give kind of t	work done during	ATION most of working	16b. KIND OF	BUSINESS/IN	IDUSTRY		
4	Elemantery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u						ļ	
F				Truck 1	river	Truci	ring C	0.	ì	
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Mai	den Surname)			
	Cyrus Smith				Sarah E	llen Ken	tall			
H	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	set and Number or Rural	Boute Number City or	Town State 7	In Code)		
임	Debra K. Brown				de Dr. Gre					
l	204/METHOD OF DISPOSITION				cemetery, cremetory or				. All I	
	1 🖾 Buriel 2 🗆 Cremation 3 🗆 Remo	wal from State	other place)	SITION (Name of	cemetery, cremetory or			- City or Town		
	4 Donation 5 Other (Specify)		nansour	g Cemetery Smithsburg,MD						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			E AND ADDRESS OF FA					
	- Loune	2 N	472	vav	is Funeral 3 Box 18 Sm	Home	MO 0	1783		
	23. PART I. Enter the diseeses, pr c	omniications that cause	d the death. Do						Approximate	
	ahock, or heart fellure. I				mode of dying, ode				interval Between	
ŀ	IMMEDIATE CAUSE (Fine)								Onset and Death	
	disease or condition reaulting in death)	DUE TO (OR AS	Hrrest							
ı										
z I	Sequentially list conditions,	DUE TO OR AS	noma							
RTIFICATION	it any, isaging to immediate in									
5	CAUSE (Disease or injury	DUE TO (OR AS	bstructiv	10 Parla	-vary &	isense				
L.	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						
H	resulting in death) LAST	i.								
5	DATE: Out of the state of the s		==							
EDICAL	PART ii. Other aignificent condition	_	_	in the under	lying cause given in		AN AUTOPS' FORMED?		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
	Gastrointe	stinul Blee				1 🗆 YE	S 2 NO		OMPLETION DF CAUSE OF DEATH?	
	Brain m	nalignancy						1	YES 2 NO	
Σ	Hypertens									
₹	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (C)	heck only one)				
PHYSICIAN:	EXAMINER? 1 ☐ YES 2 ∑XNO	HOSPITAL:	nationt 3 DOA	OTHER:	Home 5 🗆 Residence	6 Cher (Specify)				
<u> </u>	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIA		INJURY AT	28d. DESCRIBE H	W INJURY O	CCURED		
	1 Netural 5 Pending	(Month, Day, Year)	IN.	JURY	WORK?					
À	2 Accident Investigation	28e. PLACE OF INJUR	Y At home form			284 I OCATION (C)	and and Mumb	as as Durel Da	uto Mumbur	
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	cify)	etreet, sectory,	onice	261. LOCATION (St. City or Town, S		er or norm no	ate Number,	
COMPLETED										
	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	viedge, death occur	ed at the time,	date and place, and du	e to the cause(e) and	manner as si	teted.		
Ž	one)	R: On the basic of examination	on and/or investigati	on, in my opini	on, death occured at the	time, date and place	, end due to	the cause(e)	end manner ee stated.	
႘	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	***************************************	I and D	ATE GLOVIED	dent Devilored	
	/ / O/	11/			29G. LICENSE NU	61/7	29a. D/	THE STUNED	Month, Day, Year)	
2	Wille	3 Klen			1 2 3	57//		1/7/	90	
	30. NAME AND ADDRESS OF PERSON WHO	D COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type	, Print)						
	Pto 4 1/50	ox 601	Smith	lever	(Cal					
	31. DATE FILED (Month, Cay Seas On	32. REGISTRAR'S SIG	NATURE Y	00						
- 1	JUL 47 JU	7 mente	JECOLA-NONO	هالال						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Shive	2		2. DATE OF DEATH MONTH	90 AR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (II)	yrs, last birthday) F.U. MON	7. DATE OF BIRTH (Month, Day, Year)	3 Penn	sylvania		
<u>۳</u>	99. FACILITY NAME (If not institution, give street and number) Washington County Hospital		city, town on Location of D Hagers town	EATH	9c. COUNTY OF DEATH		
ដ្ឋ	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		WN OR LOCATION		10d, INSIDE CITY		
DIRECTOR	Maryland Washington	Hager			LIMITS?		
1 1	10e. STREET AND NUMBER	1 6	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	1183 Luther Drive		21740		USA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3XXWidowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxico 1 YES 2 NO Specifi	in, Puerto Ricen, etc.)	or No— 14. RAC Blec Spec	E — American Indian, k, White, atc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	AL OCCUPATION fone during most of working red.)	18b. KIND OF BUS	INESS/INDUSTRY		
MP	10	Homemake					
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden S	Surnama)		
BE	William Sigel 190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	Jenni RESS (Street and Number or Rural	Le Peck Route Number, City or Town	, State, Zip Code)		
2	Leo S. Shives	212 Virg	inia Avenue I	Hancock, Ma	rvland	21750	
	1A Burdel 2 Commettee 2 Paragraph from State	PLACE OF DISPOSITIO	N (Name of cemetery, crematory or	20c. LOC	ATION — City or To	own, State	
	4 Donation 5 Other (Specify) R0 21. SIGNATURE OF FUNERAL SERVICE MCENSEE	ehobeth U.	M. Cemetery 22. NAME AND ADDRESS OF FA		ersburg,	Pa.17236	
	Rul dra		141 W.Main St.	Grove F	uneral H Maryland		
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on as		nter the mode of dying, au	ch aa cardlac or reapli	atory arrest,	Approximeta Interval Batween	
	iMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)	Acil	MORRE	Tony 1/0	elas	Onset and Death	
_	DUE TO (OR AS A	CONSEQUÊNCE OF:	T. Allen	- () m	,	10 1-1-	
I OIL	If eny, leading to immediate	CONSEQUENCE OF	I bushes	1	2775 V	10 496	
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A	CONSEQUENCE OF:	ale lillefor	of price	Winte	10 del	
CERTIFICATION	that initiated events resulting in deeth) LAST	7		, ,		1	
SAL C	PART II. Other significant conditions contributing to death b	ut not reaulting in th	e underlying cause given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC/	ASCUD			1 🗆 YES 3	-	COMPLETION OF CAUSE DF DEATH?	
MEDIC				—		1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)			
Sici	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outp		HER: Nursing Home 5 Residence				
높	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		26d. DESCRIBE HOW II	JURY OCCURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation		M 1 TYES 2 NO				
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	t, factory, offica	261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know 2 MEDICAL EXAMINER: On the basis of examination					(a) and manner as stated.	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	A 1 45	29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)	
TO B	h. (LO	nd mo	010	027	1-2	7-9 8	
	30. NAME AND ADDRESS OF PERSON WHO COMPLEYED CAUSE OF DE	AT THEM 27 Type, Prin	12. 7(146	61.7	s KAT	15. M.D	
	31. DATE FILED (Month, Day, Your) 32 REGISTRAR'S SIGN	ATTIME		•0	ı	()	

	occurs, on arresionale buyelings. The law ramines that the death certificate he executed within a
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0
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TO THE MOSPITAL DR ATENDING PHYSICIAN: THE TAW REQUIRES THAT LIFE CONTINUED FOR THE PROSPITAL DR ATENDING PHYSICIAN.	ertifica	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE OF DEATH	REG. NO.
		2. DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN	E		
I	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			IME OF DEATH
	Neil	Charles	Smit	h Jr		6 25 M	1995	5	5:55A M
i			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. E	BIRTHPLAC	CE (State or Foreign
	7/4 12 0200		7 YRS.	MONTHS DAYS	HOURS MIN.		23 Mi		sota
R	9a. FACILITY NAME (If not institution, give street Memorial Host	pital			OR LOCATION OF DE TON	ATH	Tall	DOT	·
DIRECTOR	RESIDENCE OF DECEDENT								
2	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION				. INSIDE CITY LIMITS?
	Maryland Talbo	t	E	aston					YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZEN		COUNTRY?
ÿ	1200 S. Washing				21601			5.A.	
5	11. MARITAL STATUS 12 1 Never Married 2 Merried	. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED 2 NO	13. WAS DE If yes, s	CENDENT OF HISPAN pecify Cuben, Maxice	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14.	RACE - A Black, Wh	American Indian, nite, atc.
BY	3 Widowed A Dispread	IF YES, GIVE WAR OR DA		1 🗆 YE	S 2 NO Specify	r.		Specify:	
	15. DECEDENT'S EDUCATI	World War	164 DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BUS	I SINESS/INDUST	whi	Lte
	(Specify only highest grade corr	npleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during m se retired.)	ost of working				
2	12	onege (I-4 or 5 +)	sales	repres	entativ	e Steel	l		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				· · · · · · · · · · · · · · · · · · ·	ME (First, Middle, Meiden	Sumame)		
C	Neil Charles Sm	with, Sr.			Estel	le Egan			
BE.	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zip Coc	de)	21601
2	Nancy G. Smith		1200	S Was	hington	St Apt !	501 Ea		
	20e. METHOD OF DISPOSITION 6/25 1 Burlel 2X Cremetion 3 Removal	/90 20b.	PLACE OF DISPO	SITION (Name of co	emetery, crematory or	20c. LO	CATION — City	or Town,	State
	4 Donetion 5 Other (Specify)	Ea		Shore	Cremato:	rium Geo	orgeto	own	DE
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	~		ND ADDRESS OF FA				1
	JOHN Z.	MERCE	2-5		am Fune: on. Mar	ral Home			11
	23. PART i. Enter the dieessee, or com	pilcetions that ceueed	the deeth. Do				iratory srrest	,	Approximate
	shock, or heert feliure. List	t pnly pne cause pn ee	ch line.					i	interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Liven	FRIC	1129	Dif 1			j	1 mo
	resulting in deeth) e	DUE TO (OR AS A						 j	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	-	man	Emm	A	O WIST	CAREC	NOM	A	Tmo
<u> </u>	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A							
8	csuse. Enter UNDERLYING CAUSE (Disease or injury	_							
트	that initiated events	DUE TO (OR AS A	CONSEQUENCE C	PF):					
CERTIFICATION	resulting in death) LAST		_						
AL C	PART ii. Other significent conditions of	contributing to deeth b	ut not resulting	in the underlyl	ng cause given in				RE AUTOPSY FINDINGS
S	C-A PROS	PATE	MEr	10	BONG	PERFOI	_	COL	MILABLE PRIOR TO MPLETION DF CAUSE
MEDIC						1 _ YES 2	200		DEATH? YES 2 NO
2						— I			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-	28. (PLACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?	OSPITAL: Inputient 2 - ER/Outp	etlent 3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Reeldenca	8 Other (Specify)			
主	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. II	JURY AT	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
ВУР	Natural 5 Pending Investigation	(morali, Day, loa)	<u> </u>		YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	atreet, factory, off	Ice	281, LOCATION (Street City or Town, State		Rural Route	Number,
COMPLETED	4 Homicide determined		,,			0.0, 0.000, 0.000	,		
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my know	ledge, death occur	red at the time, da	ta end place, end dua	to the ceuse(e) end me	nner as stated.		
Ž	one) 2 MEDICAL EXAMINER:							euse(e) en	d menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d, DATE S	IGNED (Mc	onth, Day, Year)
H	Soit 6	Can-1	1 10		201	225		-25	
2	30. NAME AND ADDRESS OF ERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)	10				
	Stephen P. Carr	ney, M.D.	Rt 3	Box 1	06 East	on MD 2	1601		
	31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S SIGN	- Out	A ===					
	nn 25°90	Stellande	statement for	rotation.					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with riburs after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	be notified at once.	ı
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ì	tem 23 shows any injury, or other traumatic event, the medical examine	ı
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THE WINDS AND THE PROPERTY OF	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.	ı

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY			F HEALTH		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Le RUTH I	M. SEITER					2. DATE OF DEATH MONTH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF DAT		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs, last birthday)	IF UNDER 1 Y			7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign Country)
1	219-14-3904	1 M 2 H F	64 YRS.	MONTHS D	AYS HOURS	MIN.	9-7-1925		MARYLAND
	Sa. FACILITY NAME (If not institution, gir	e street and number)		9b. CITY, TO	WN OR LOCATI	ON OF DE		9c. COUNTY	
CTOR	WM. HILL HEAD		NTER	EAS	TON			TAL	ВОТ
ш	10e. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?
DIR	MARYLAND TA	ALBOT	E	ASTON					M YES 2 □ NO
AL	10e. STREET AND NUMBER				101. ZIP COD	E		10g. CITIZEN	OF WHAT COUNTRY?
ER/	608 WAYS	DE AVENUE			21	601		П.	S.
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WA			IIC ORIGIN? (Specify Yes	-	RACE — American Indian.
T.	1 📩 Never Merried 2 🗌 Merried	FORCES? 1 YE			es, specify Cube YES 2 (水NO		n, Puerto Rican, etc.)		Black, White, etc. Specify:
В	3 Widowed 4 Divorced	in rea, dive with on	DAICS		123 2 2	Ороспу	•	W	HITE
E	15. DECEDENT'S E		16a. DECEDENT'S				16b. KIND OF BU		
	(Specify only highest gr Elementary/Secondary (0-12)	ade completed) College (1-4 or 5 +)	(Give kind of Ille, Do NOT L	work done dun ise retired.)	ing most of world	ng			
	11	0	TELEP	HONE	OPERA	TOR	COMM	HINTCA	TIONS
COMPL	17. FATHER'S NAME (First, Middle, Last)		1 20201				ME (First, Middle, Maiden		
-	FREDERT	CK SEITER					EMMA BOS		
BE	19a. INFORMANT'S NAME (Type/Print)	ON DUTTER	100 MAR 201	Annesee /	Street and Alumba	r or Russ I	Poute Number, City or Tow		rie)
2		THE OWN							
	MILDRED S. K						YAL OAK		
	20g. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3	-30-1990	other place)	SITION (Nama	of cemetery, cre-	matory or	20c. LO	CATION — City	or Town, State
	4 Donation S Other (Specify)		WOODLAW					STON.	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NA	ME AND ADDRE	ESS OF FA	NEWNAM	1 FUNE	RAL HOME
	1-1500	R. MERC	E @ 2.)	20	0 S.	HARE	RISON ST.		STON, MD.
	23. PART i. Enter the diseases,								Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	APPIC		- Med	ashti	00	JUNKNOWN	PRIM	Interval Between Oneet and Dec
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that is listed example.								
ERTIF	that initiated events resulting in death) LAST	d							
O	PART II. Other significant condi	tions contributing to death	but not resulting	In the unde	eriving cause	given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING
H: MEDICAL							PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICA				26. PLACE OF	DEATH (Ch	eck only one)		
SICI	EXAMINER?	HOSPITAL:	supported 3 [DOA	OTHER:			6 Other (Specify)		
НХЗ	27, MANNER OF DEATH	280. DATE OF INJUS		1	Bc. INJURY AT	- weere	28d, DESCRIBE HOW	INJURY OCCUR	RED
4	1 Natural 5 Pending	(Month, Day, Yea		IJURY M	WORK?	□ NO			7
ВУ	2 Accident Investigati		ITTY At home form				281. LOCATION (Street	and Number or	Shared Shoute Alaumbar
ETED	3 Suicide 6 Could not 4 Homicide determine	building, etc. (5	IRY — At home, farm, specify)	, street, factor	y, ornice		City or Town, State		noral noute Number,
MPL	const. Only	HYSICIAN: To the best of my kn MINER: On the basis of examina							euse(s) and manner ee stated.
D BE CO	29b. SIGNATURE AND TITLE OF CERT	IFIER NO.			29c. LIC	CENSE NU	MBER	29d. DATE S	19 90 29 90
2	PAME AND ADDRESS OF PERSON	<u> </u>	DEATH (ITEM 27) (Typ.	oe, Print)	اردا ا	<i>⊃</i> ∠.		- 0	21/10
VIN					6 EAS	TON,	MARYLAN	ID 216	01
	JUN 29 90	32 REGISTRAN'S S	GNATURA CONCLETE						
	JUN 27 JU	1							

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

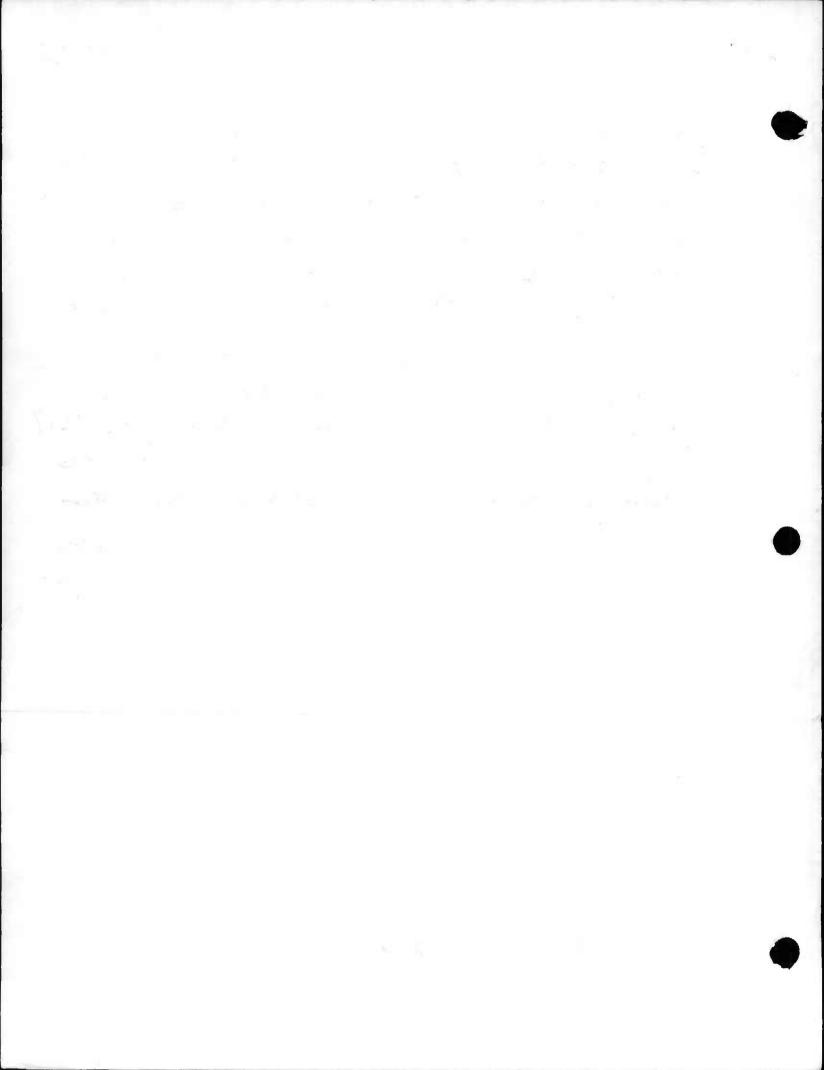
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 mours after death. Page 6 may be retained by the hospital or attending physician.

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH
Fred Douglas Smith	MONTH PAY 90 10 55 A M
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. SOCIAL SECURITY NUMBER SOCIAL SECURITY	7. DATE OF BIRTH (Month, Dey, Year) 10-10-05
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF E COYSICA M. M. C. M. H. C. M. H. C. M. H. C. M. H. C. M. H. C. M. H. C. M. H. C. M. H. C. M. M. M. M. M. M. M. M. M. M. M. M. M.	SEATH SC. COUNTY OF DEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
Md Owen Anne Centreville	LIMITS?
100. STREET AND NUMBER 101. ZIP CODE 216	109. CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black, White, etc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Closer, wester	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do Note netired.)	16b. KIND OF BUSINESS/INDUSTRY
Elementary/Secondery (0-12) College (1-4 or 5 +) Lo box ev	Form
17. FATHER'S NAME (First, Middle, List) 18. MOTHER'S N	AME (First, Middle, Meiden Surname)
19b. MAILING ADDRESS (Street and Number or Rura	PRoute Number, City or Town, State, Zip Code)
Pearl Toylor Cetar fork	atanul ma 21617
20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify)	20c. LOCATION — City or Town, State Carly + VIII
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	ACILITY
Xears H Washull 319 Doi	voi ste Suta ma
23. PART I. Enter the dispases, or complications that caused the death. Do not enter the mode of dying, su shock, or heart failure. List only one cause on each line.	ch es cardiec or respiratory arrest, Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CUS CV A	Onset and Daeth 5 4
DUE TO COD AS A CONSTRUCT OFF.	itus 10 year +
Sequantially list conditions, if any, leeding to immediata	rough the spanning of the span
CAUSE. (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF):	
that initiated evants resulting in death) LAST	
PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given i	n Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	1 Tyes 2 NO COMPLETION OF CAUSE OF DEATH?
	1 U YES 2 U NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C	Sheck anticone)
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence	
27. MANNER OF OEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT (Month. Day. Year) INJURY WORK?	28d. DESCRIBE HOW INJURY OCCURED
1 D Natural 5 Pending M 1 YES 2 NO	
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the	
29b. BIGNATURE AND TITLE OF CERTIFIER 25c. LICENSE N	
John K Smill for	
39, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (500, Print)	
31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE	



3146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memal Hygliene prior to burial, cremation, or removal.	itic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

-	REGISTRAR	CERT	IFICATE	OF DEATH	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Mary Louise		S	11:++		TE OF DEATH	5	YEAR 3.	9°05Pm
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. lest births	MONTHS		HRS. 7. DAT	TE OF BIRTH onth, Day, Year)	~	6. BIRTHPL/ Country)	ACE (State or Foreign
H.	9a. FACILITY NAME (if not institution, give street and number)	21th Ca	9b. CITY	TOWN OR LOCATION	OF DEATH	70	9c. COUN	TY OF DEAT	1'00
CT	RESIDENCE OF DECEDENT	11111		WII C				110	
FUNERAL DIRECTOR	Maryland Caroline	10c.	Dent						d. INSIDE CITY LIMITS? XYES 2 NO
AL	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZ		T COUNTRY?
MEH	Caroline Apartments			2162			USA		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES		WAS DECENDENT OF I It yea, apecify Cuban, I YES 2 NO	Maxican, Puari		or No—	14. RACE — Black, W Specify:	American Indian, /hita, atc. White
	15, DECEDENT'S EDUCATION	16a. DECEDE	NT'S USUAL O	CCUPATION	1	16b. KIND OF BUS	INESS/INDU	JSTRY	WIII CG
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 1	(Give kini life. Do Ni	d of work done o OT use retired.)	during most of working					
MPI	10	Ret.	Wait	ress		rest	aura	nt	
8	17. FATHER'S NAME (First, Middle, Last)					t, Middle, Maiden S	Sumame)		
8	Albert Haddock 19a. INFORMANT'S NAME (Type/Print)	105 1061	I INC ADDRESS	Len	a Col		O	0.77	
9	Marian L. Mowbray		2 Bc			n, MD 2			
	20g. METHOD OF DISPOSITION 06/28/90 1 XBurial 2 Cremetion 3 Removal from State	20b. PLACE OF DI		me of cemetery, cremato				ity or Town,	Stata
	1	Sprin	ghill	Cemete	ry	Eas	ton,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22.	NAME AND ADDRESS		al Ham			
	JOHN R. MER	CERON		Easton,			_	1	
	23. PART i. Entar tha diseasea, or complicationa to ahock, or heart feliure. Liet only one community of the	at causad tha daath. Ause on each lina.							Approximata Interval Between Onset end Death
CERTIFICATION	cause. Entar UNDERLYING	O (OR AS A CONSEQUENC	CE OF):						
ERTIFIC	CAUSE (Disease or injury that initiated events reaulting in death) LAST	O (OR AS A CONSEQUENC	CE OF):						
	PART II. Other aignificant conditions contributing	o death but not result	ing in tha un	derlying ceuse giv	en in Part I.	24a. WAS AN		24b. WE	ERE AUTOPSY FINDINGS
EDICAL	Cerebrovasculo	w dese	are			PERFOR		CC	AILABLE PRIOR TO IMPLETION OF CAUSE
	atheroscleratio	corona	Zey V	oscular	disce	K			DEATH?
ä	Chronic obstue	elive pe	dn	maisa	wear	e			
CZ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER	26. PLACE OF DEA	TH (Check only	one)	_		
PHYSICIAN: M	1 ☐ YES 2 200 ☐ 1 ☐ Inpetiant 2 27. MANNER OF DEATH 28s. DATE (ER/Outpetient 3 DO	TIME OF	26c. INJURY AT	_	ther (Specify) DESCRIBE HOW IN	ILIBY OCC	WAED	
ВУ Р	1 Natural 5 Pending (Month, 2 Accident	Day, Year)	INJURY M	WORK?	the second	DESCRIBE HOW IN	IJUNY OCC	UHED	
	3 Suicide 8 Could not be 4 Homicide determined	OF INJURY — At home, fe g, etc. (Specify)	rm, atreet, fact	ory, offica		OCATION (Street a lify or Town, State)	nd Number (or Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of								nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICEN	3J2	-84	29d, DATE	SIGNED (M	onth, (ay, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	SV mp	(Type, Print)	SBOK 1	22	Golds	chor	o m	0 21636
	31. DATE FILED (Month, Day, Year) JUN 27 90 32. REGIST	MAR'S SIGNATURE	ndess.						

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		CERLIE						
1. DECEDENT'S NAME (First, Middle, Last)	- 1	<u> </u>	FICATE O	DEAT		REG. NO.		3. TIME OF DEATH
Man Ann	Siele	r			MC	ONTH DA		AR 315 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24		ATE OF BIRTH		BIRTHPLACE (State or Foreign
213-68-0908	1 🗆 M 2 🖵 F	46 YRS.	MONTHS DAYS	HOURS	MIN. (M	Nonth, Day, Year)	WE	SI VIRGINIA
9e. FACILITY NAME (If not institution, give	7.	40	9b. CITY. TOW	OR LOCATION	OF DEATH	ラールー _{エフ・ヤ}	9c. COUNTY	OF DEATH
TVY Halle	- 1 .	Conta					D. 11	
RESIDENCE OF DECEDENT	seriatric	Lenter	Esse	ex			DUT	more
10e. STATE 10b. COUNT	ry	10c. CI	TY, TOWN OR LO	ATION				10d. INSIDE CITY
Maryland				Ralt	imore			LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE	THOTO		10g. CITIZEN	OF WHAT COUNTRY?
1214 Bus	rke Road		ŀ		21220		11	C 4
11. MARITAL STATUS	12. WAS DECEDENT EN	ER IN U.S. ARMED	13. WAS D	ECENDENT OF		RIGIN? (Specify Yee	or No.— 14.	S. A. RACE — American Indian,
1 Never Merried 2 Married	FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,		Mexicen, Pue	rto Ricen, etc.)		Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	101	ES 2 M NO	Specify:			Specify: White
15. DECEDENT'S EDI			S USUAL OCCUPA			16b. KIND OF BUS	INESS/INDUST	
(Specify only highest grad Elementary/Secondery (0-12)	completed)	(Give kind of life. Do NOT L	f work done during use retired.)	most of working				1
N/A	Consider (to out 2.4)		N/A					
17. FATHER'S NAME (First, Middle, Last)			21/42	18. MOTHE	R'S NAME (FI	Irst, Middle, Maiden	Sumame)	
	M. Sisler							
19e. INFORMANT'S NAME (Type/Print)	TI DIDICE	ton Man me	G ADDRESS /S	at and Number -		xine Sha		del
Maxine Sisler								
20e. METHOD OF DISPOSITION			Burke F			ore, Mar		
X □XBuriel 2 □ Cremetion 3 □ Rer	noval from State	20b. PLACE OF DISPO				20c. LO	CATION — City	or Town, State
4 Donation 5 Other (Specify)		Sha	ady Grov					Mills West Vir
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	4	22. NAME	AND ADDRESS	OF FACILITY	Marzul	lo Fun	eral Service
michael of	marcelle	·	308	1 (00,000	077400	n Dona	Y 7	o.Maryland 211
23. PART I. Enter the diseases, or	complications that co	used the deeth. Do	not enter the					
shock, or heart fellure	Liet only one cause	on coah line						
IMMEDIATE CAUSE (Finel							ratory orrest	Interval Between
		2	1.		g, odon do (cerdiec of reepi	valory or real	Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Losse	BLE	Acut	-11	9, 00011 00	CerdieC Dr reepi		Interval Between
disease or condition	a. DUE TO (OR	BLE AS A CONSEQUENCE OF		-14/	1			Interval Between Onset and Death
disease or condition resulting in death)	a. DUE TO (OR	BLE AS A CONSEQUENCE OF		-14/	BIVEN	Tilaks	er Hkn	Interval Between Onset and Death
disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate	DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF	0F): 1	reTo 1.	BIVEN	Tilaks	er Hkn	Interval Between Onset and Death
disease or condition resulting in death) Sequentially list conditione,	DUE TO (OR DUE TO (OR DUE TO (OR THE LET	BLE AS A CONSEQUENCE OF AS A	OFF: Aor	reTo 1.	BIVEN	Tilaks	er Hkn	Interval Between Onset and Death
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO (OR DUE TO (AS A CONSEQUENCE OR S SYNT REAS A CONSEQUENCE OR AS A CONSEQUENCE	28. OTHER: 4 Quaring H ME OF 28c. NJURY M 1 [, street, tectory, o	PLACE OF DE. OME 10 PLACE OF DE. OME 5 Ree INJURY AT WORK? YES 2 William	STH (Check on dence 8 128d. NO 281.	I. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW I LOCATION (Street City or Town, State) e cause(e) end maid date end place, en	AUTOPSY IMED? IND INJURY OCCUR Inner ee stated. Ind due to the co	Interval Between Onset and Death Slev 2 mes Drs and 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 miours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

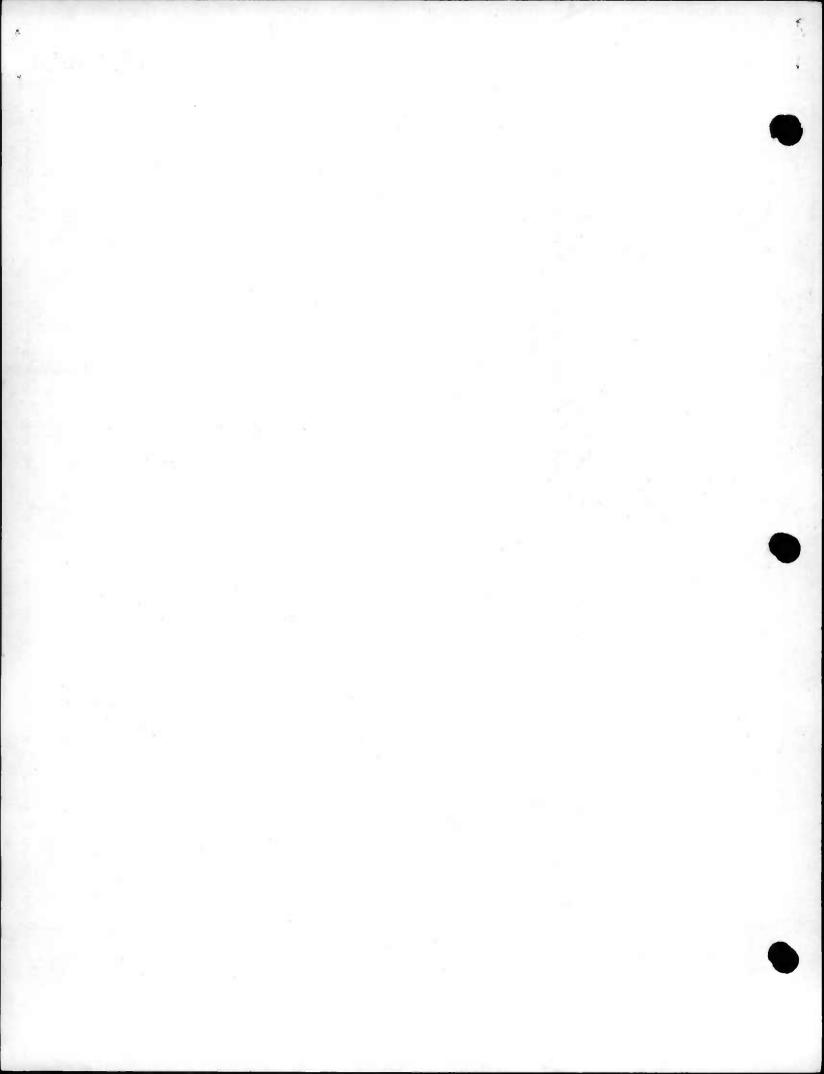
31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

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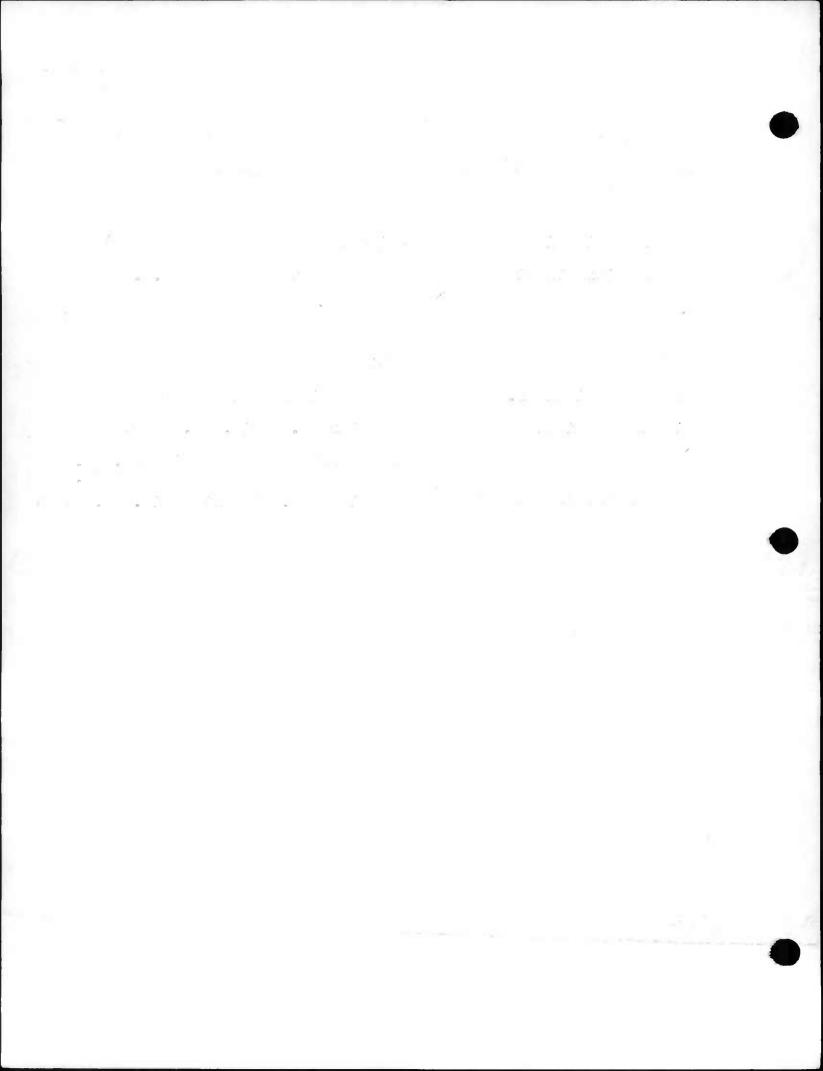
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mus
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CNE	within	ANT
#	filed \	PORT
2	90	E

1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF			ENTAL HYGIEN REG. NO.	_		
1. DECEDENT'S NAME (First, Middle, Last)	E. SMITH					2. OATE OF DEATH DO	30 90	3. TIME OF DEATH 3. 5:25	A M
4. SOCIAL SECURITY NUMBER 220 – 10 – 9959	5. SEX 6. AGE ((In yrs. last birthday) 8 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-24-	I A	BIRTHPLACE (State or Forek Country) Maryland	ign
9s. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN			тн	9c. COUNTY		
SALISBURY NURSING	HOME		SALISE	URY,	MD.		WICOM:	ICO	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CI1	TY, TOWN OR LOC	ATION				10d. INSIDE CITY	
MD Wid	comico		Salist	urv				LIMITS?	0
10e. STREET AND NUMBER				of. ZIP CODE	E		10g. CITIZEN	N OF WHAT COUNTRY?	
200 W. Fair					801			6.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	N U.S. ARMED 2 NO ATES	If yes,		n, Maxican,	C ORIGIN? (Specify Year Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	S USUAL OCCUPAT work done during r use retired.)	nost of worldn	ig .	18b. KIND OF BU			
17. FATHER'S NAME (First, Middle, Last)			1801110	,	FR'S NAMI	E (First, Middle, Maiden	on Hom	ne	
Shenley	To	wnsend		1	va	L I II al., MILLONS, MISIOSII		nuel	
19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Stree	and Number	or Rural Ro	ute Number, City or Tow			
John E. Smit	h	500	W. Fa	irfi	eld I	Dr. sali	sbury	, MD 2180	1
20a. METHOD OF DISPOSITION 1 X Burtal 2 Commetter 3 Ren	lovel from State	pLACE OF DISPO						y or Town, State	
4 Donation 5 Other (Specify)	CENORE	Parson		etery			lisbu	ry, MD	
· Guald	n //	nes					sali	sbury, MD	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Due for cop as a	A CONSEQUENCE O	Pene	1.0		ebre		Onset and E	Jean
PART II. Other algnificent condition	na contributing to death b	out not resulting	In the underly	ng cause (given in P	art I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO	USE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF 0					
1 L YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	petient 3 DOA		ome 8 - Re		Other (Specify) 28d, DESCRIBE HOW	MILIBA OCCIR	RED	
1 Netural 8 Pending	(Month, Day, Year)		JURY	YORK?		EUG. DESCHIOL HOW	INSONT OCCUP	ALD.	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	Y — At home, farm,	street, fectory, of	lica	-	281. LOCATION (Street City or Town, State)	and Number or	Rurel Route Number,	
anal	BICIAN: To the best of my know ER: On the basis of exemination								ted.
296. SIGNATURE AND TITLE OF CENTIFIE	NOTE	7		29c. LICE	ENSE NUMB	S49	294. DAYE 5	12/2/98	
30. NAME AND ADDRESS OF PERSON WILLIAM ROBINS,	M.D., 1104 H	EALTHWAY	DRIVE,	SALIS	BURY	, MD. 21	80.1	/	
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	MATURE Pande	M.						



((Precinit Fages 1, 2, 3 should	
	BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician	by the funeral director, page 5 should be detached for use as the burial-tran-	ileal examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-riours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached frages 1, 2, 3 should be detached for use as the burial-transfer-early frages 1, 2, 3 should be detached from the burial-transfer-early frages 1, 2, 3 should be detached from the burial-transfer-early frages 1, 2, 3 should be detached from the burial-transfer-early frages 1, 2, 3 should be detached from the burial-transfer-early frages 1, 2, 3 should be detached from the burial-transfer-early frages 1, 2, 3 should be detached from the burial-transfer-early frages 1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	De the Within 12 from a die used with the State Dopp. Or regard and mental regiment from a constitution of the medical examiner must be notified at once.

	FOR STATE OF MARY!		TMENT OF HEAL		NTAL HYGIENI REG. NO.	E	
	1. DECEMENT'S NAME (First, Middle, Last)	Smi	TH.		DATE OF DEATH	1998 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 219-05-3656.	(In yrs. leat birthday) YRS.	IF UNDER 1 YEAR IF U	RS MIN.	DATE OF BIRTH (Month, Day, Year)	6, BIRT Coun	HPLACE (State or Foreign hy)
NG BO	9a. FACILITY NAME (If not institution, give street and number) Peninsula General Hospital		Salisbu			9c. COUNTY OF	DEATH DMICO
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY	, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	Maryland Wicomico) 100. STREET AND NUMBER	Sa	lisbury 107. ZPP	CODE		10g. CITIZEN OF	1 YES 2 NO WHAT COUNTRY?
FUNERAL	512 tangier Street 11. MARITAL STATUS 12. WAS DECEDENT EVER		13. WAS DECENDE	NT OF HISPANIC (ORIGIN? (Specify Yes	U S J	E - American Indian,
à	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES, GIVE WAR OR			Cuben, Mexican, P NO Specify:	ruerto Rican, etc.)	Spe	Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION work done during most of a eretired.)	vorlding	16b, KIND OF BUS	SINESS/INDUSTRY	
OMPL	12 17. FATHER'S NAME (First, Middle, Last)	Dome		MOTHER'S NAME	No:		
BE C	Atwood Dashiell Sr.	10b MAH MC	ADDRESS (Street and No.		elle Wa		
2	Wilmore Dashiell		tangier (lis Md	2180	1
	20s, METHOD OF OISPOSITION 1 Suriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place)	FROM (Name of cometers)			CATION — City of 1	11-1-1-11
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	+	22. NAME AND AD	DORESS OF FACILI	ΠY	821 Wes	st Rd.
	23. PART i. Enter the diseases, or complications that caus- shock, or heart failure. List only one ceuse on				tewart a cardiac or respi		Approximate Interval Between
		Yo Vaccue		a olen &	5		Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF	ale Caro	ho wan	fav D	islase	
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death Radiation Entering Chaucuma Wiff	3	in the underlying car	rse given in Par	rt i. 24a. WAS AN PERFOF	RMED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpution: 2 PR/Ox	structions 3 🗆 BOA	OTHER:	OF DEATH (Check		-	
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year,	Y 26b, TIM	4 Nursing Home 5 E OF 28c. INJURY WORK? M 1 YES	AT 26	8d. OESCRIBE HOW I	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide a Could not be determined 28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, specify)			Bil. LOCATION (Street City or Town, State)		Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basic of examinations of the basic of examinations of the basic of examinations.						(e) end manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER LEVEL S.	lan	40	0-20	er 050	29d. DATE SIGNE	y /90
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I BETUITO S. CHANGE 31. DATE FILED (Month, Day, Year)	547	-D Riva	usede	B.	Salish	, MD 2/80/
_	31. DÂTE FILED (Month, Day, Year) JUL 0 9 90	Booksti					



	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEAL		NTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Mic KAR)		SORENSE		2.	DATE OF DEATH DA	1990 YEA	3. TIME OF DEATH 10:45 P.Mw
4. SOCIAL SECURITY NUMBER 145-16-3025	1 □ M 2 🔀 F 8.	5 YRS. MOI	NTHS DAYS HOL	IRS MIN.	DATE OF BIRTN (Month, Day, Year) AY 13, 19	005	IRTNPLACE (State or Foreign cuntry) DENMARK
ST. MARY S	NURSING CENTER	9b	CITY, TOWN OR LO LEONARD T		N .	ST.	MARY S
	o. COUNTY		OWN OR LOCATION				10d. INSIDE CITY LIMITS?
	OCEAN	WE	ST CREEK	CODE		10g. CITIZEN (1 XYES 2 NO
10e. STREET AND NUMBER 164 SPRAG	UE AVENUE 12. WAS DECEDENT EVER	IN U.S. ARMED		08092	ORIGIN? (Specify Yea	U.S.	A. A. American Indian.
3 🕅 Widowed 4 🗌 Divorced	ried FORCES? 1 YES	2 X NO	If yea, specify	Cuben, Mexican, F NO Specify:		E	Black, White, etc. Specify: WHITE
15. DECEDE (Specify only his Elementary/Secondary (0-12) 7 7 17. FATHER'S NAME (First, Middle NUTS) 17. NAME (Specific NUTS) 17. NAME (Specific NUTS) 17. NAME (Specific NUTS) 18. NAME (Specific NU	NT'S EDUCATION hest grade completed) College (1-4 or 5+)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of v	working	16b. KIND OF BUS	INESS/INDUSTR	ny .
7 17. FATHER'S NAME (First, Middle	Leen	HOMEMAKE		MOTHER! NAME	(First, Middle, Maiden	0	
NIELS NI	ELSEN		10.	KAROL]			
190. INFORMANT'S NAME (Types MINNIE RICH					R DRIVE,		20650 DTOWN, MD.
20a METNOD OF DISPOSITION 1 A Burlel 2 Cremation 4 Donation 5 Other (Sp	3 G Removal from State	WEST CREEK	ON (Name of cemetery,	crematory or		CREEK,	or Town, State NEW JERSEY
21. SIGNATURE PUNERAL SI		1	BRINSF	DELD FUN	NERAL HOM		
23. PART I. Enter the disershock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	ises, or complication that cause of failure. List pnly one cause on a. Cardia	od the death. Do not each line.	inay Fa	dying, such a	a cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Arte	A CONSEQUENCE OF):	nomb	2	<i></i>		ys.
25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	conditions contributing to death	but not resulting in t	he undarlying car	use given in Pa	1 U YES 2	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:	q	28. PLACE	OF DEATN (Check	only one)		
1 YES 2 NO	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY	tpatient 3 DOA 4	Nursing Nome 8		Other (Specify) Bd. DESCRIBE NOW I	NJURY OCCURE	D
2 Accident Inve	etigation		M 1 TYES	2 🗌 NO			
3 Suicide 6 Cou	building, etc. (Sp	RY — At home, farm, stree ec/ly)	et, ractory, office	21	Bf. LOCATION (Street a City or Town, State)	ind Number or Hi	iral Floute Number,
one) 2 MEDICA	ING PNYSICIAN: To the best of my kno EXAMINER: On the best of examination of examination of examination of the best of examination of the best of examination of the best of		n my opinion, desth		e, date and place, an	d due to the cau	use(e) and manner as stated.
30. NAME AND ADDRESS OF PI	RSON WHO COMPLETED CAUSE OF D	DEATN (ITEM 27) (Type, Pri	nt)	1064	-17	6-6	27-40
J. PATRICK	LOS DECIGERADOS OIG	ST. MARY'S	MEDICAL	ARTS B	LDG. LEON	ARDTOW	N, MD. 20650
	30 Shiha Davide	on-Handell					

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rouns after death. Page 6 may be retained by the hospital or attending physician.	Rt. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should are death with the State Dect. or Health and Mental Hydiene prior to burial, cremation, or removal.	is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate he filed within 72 hours after death with the St.	IMPORTANT: If Item 28 is marked, or It

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

2

Body retired Thus OCME (h. Komer) for

Organ Donntron Poul M MO

FOR STATE

	REGISTRAR		CENTIF	ICAIL	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	/ /				DATE OF DEATH DA	W YE	3. TIME OF DEATH
		AWKY		LLEN	SHAWLEY	6 2-	7 90) 112 4m
	4. SOCIAL SECURITY NUMBER	SEX 6. AGE	(In yrs. last birthday) 16 YRS.	MONTHS DA		Month, Day, Year)	- (BIRTHPLACE (State or Foreign Country) PENNSYLVANIA
	159-56-6631 9a. FACILITY NAME (If not institution, give stree	t and number)	10	9h CITY TO	VN OR LOCATION OF CEAT		9c. COUNTY	
Œ	Prince Georges 1			The state of the s	every	,	P	a
DIRECTOR	RESIDENCE OF DECEDENT	VI-P CFU						/
Ä	10a. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
	MARYLAND ST. M	NEY PC	EY POINT LIMITS? 1 □ YES 2					
AL	10s. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	P.O. BOX 272				20674		U.S.	.A.
5		2. WAS DECEDENT EVER	N U.S. ARMED		DECENDENT OF HISPANIC I, specify Cuban, Maxican, I		or No- 14.	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		1 🗆	YES 2 NO Specify:	rustio ricen, etc.)		Specify: VHITE
	0.000					Toronton anterior		
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	npleted)	16a. DECEDENT'S (Give kind of v life. Do NOT us	work done durin	PATION g most of working	16b. KIND OF BUS	SINESS/INDUST	TRY
COMPLETED	9TH GRADE	College (1-4 or 5+)	STUDEN			SCHOOL		
N	17. FATHER'S NAME (First, Middle, Lest)		STUDEN	11	10 MOTHED S NAME	(First, Middle, Meiden		
	DONALD EDWARD SHAW	FV				ERN KING	Surriente)	
BE	19a. INFORMANT'S NAME (Type/Print)	HD I	10h MAII ING	ADDRESS (SA	eet and Number or Rural Rou		e State 7in Co.	dal
2	MARIE FERN MOFFITT				, PINEY POI			~/
- 1	20s. METHOD OF DISPOSITION	20			f cemetery, crematory or			or Town, Stata
	Buriel 2 Cremation 3 Ramova	I from State	other place)					, PENNSYLVANIA
	21. SIGNATURE OF FUNERIAL SERVICE LICEN		COLIDIANI	22. NAM	E AND AODRESS OF FACIL	ITY		
	Michael X	Gardin	en)		TINGLEY-GAR			HOME, P.A. ARYLAND 20650
	23. PART I. Enter the diseases, or cor							Approximate
	shock, or heart failure. Lis IMMEDIATE CAUSE (Final							Interval Between Onset and Death
	disease or condition resulting in death)	Self-Inti	Ticked 6	Jun Sh	of wound	To Hear	a ditt	1
	resuming in treating	DUE TO (OR AS	A CONSEQUENCE O	F): //		70,11		
Z		macu	ebrol	Hem	ourhage	•		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):	•			
2	CAUSE (Diseese or Injury							
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				i i
Ä	d							
	PART II. Other significent conditions	contributing to deeth	but not resulting	in the under	lying ceuse given in Pa	ert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL						PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_		OF DEATH?
Z :			-			-		
A	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (Check	conty one)		
Sic		IOSPITAL:	tpatient 3 DOA	OTHER:	Home 5 - Rasidence 6	Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 284	NJURY AT 2 WORK?	ed. DESCRIBE HOW	INJURY OCCUP	RED
BY F	1 Netural 5 Pending 2 Accident Investigation	(1808.01, 194)			YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, atc. (Sp	IY — At home, farm, ec/fy)	street, factory,	office 2	tel. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
1	4 Homicide detarmined							
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my kno	wledge, death occurr	red at the time,	date and place, and due to	the cause(a) and ma	nner as stated.	
COMPLETED	one) — -	On the beals of axaminsti	on and/or investigation	on, in my opini	on, death occured at the tir	me, data and place, a	nd dus to the c	cause(a) and manner as stated.
U C	295. SIGNATURE AND TITLE OF CERTIFIER	-			29c. LICENSE NUMB	ER	29d. DATE S	IGNEO (Month, Day, Year)
0	Lines Wh	yes no			2/7//	. 2_	1 6	1/27/90
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D			11		. ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	lings whith	ans 9	556 C.	RAIN	they U	mer Mi	m/bu	10 140 ZOTTZ
- 1	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIG	NATURE Prinds 22		7			,
	JUL 2 90	guha David	Joh- Nathan	*				

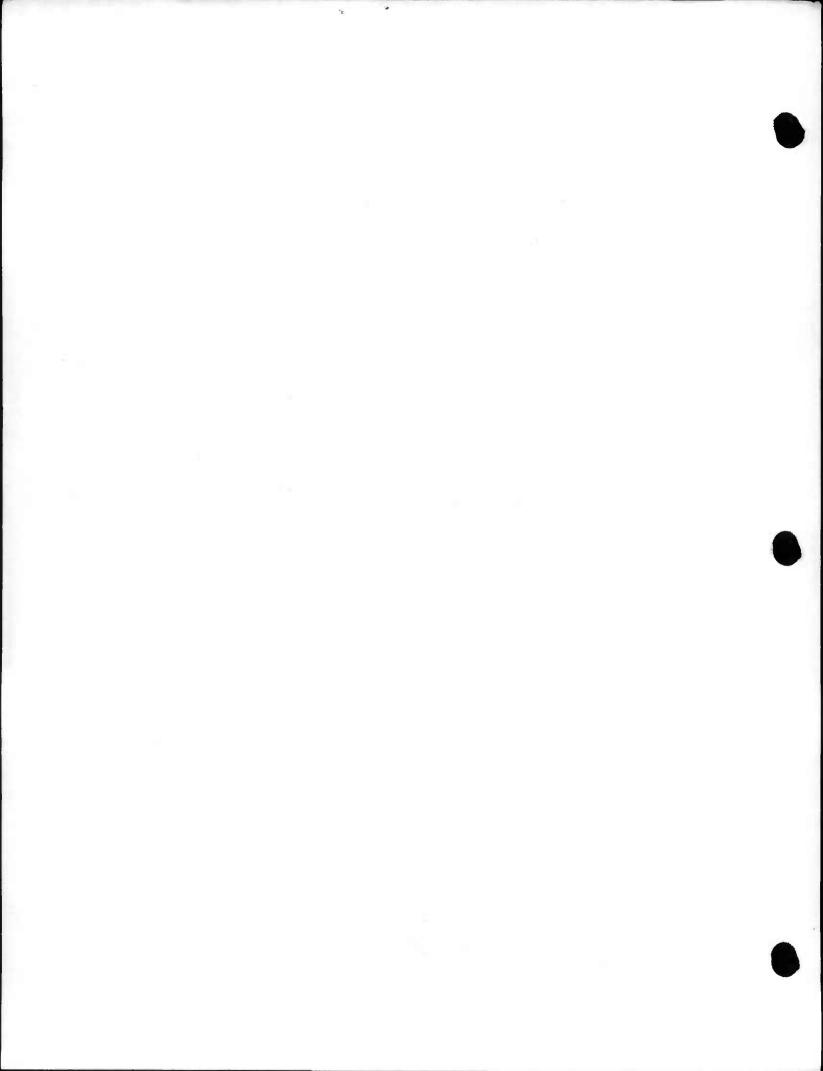
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR				CERTIF	ICALE	: UF	DEATH	F	REG. NO.				
1	1. OECEDENT'S NAME (First,		T.T 4		01 .				2. DATE OF MONTH	DEATH DA	Y	YEAR	3. TIME OF D	
-1	Stanle 4. SOCIAL SECURITY NUMB	•	Weston		Sheive				July	/	, 19	90		0 a M
	194-32-240.		5. SEX	6. AGE (In yrs. 49	last birthday) YRS.	MONTHS	DAYS	HOURS MIN.	7. DATE OF (Month, D July	BIRTH **1 **** 1	940	S. BIRTH	PLACE (State of York	Foreign
	9e. FACILITY NAME (if not in			47	ms.	Oh CITY	TOWN	OR LOCATION OF DE		17,91		NTY OF DI		_
r									AITI					
2	4515 Willa	rd Ave	nue			Che	VV (Chase			L_Mc	ntgo	mery	
DIRECTOR	10e. STATE	10b. COUNTY				Y, TOWN O							10d. INSIDE C	ITY
5	MD	Mon	tgomery		Ch	evy							1-X YES 2	
\$	10e. STREET AND NUMBER	1 .					10	f. ZIP CODE					HAT COUNTRY	n
N.	4515 Willa:	rd Ave		T FWED III II O	101150	1 40.1		20815 ENDENT OF HISPAN				S.A.	Anna da ca d	. 41
BY FUNERAL	1) Never Merried 2	Merried	12. WAS DECEDEN FORCES7 1 IF YES, GIVE V	YES 2	NO		li yes, sp	ecify Cuban, Mexica	n, Puello Rica		or No-	Black	— American I , White, etc.	naien,
	3 Widowed 4 Oivo	rced	IF YES, GIVE Y	IAH OH DATES		'	I YES	2 NO Specify	<i>/:</i>			Spech	White	
COMPLEIED		EOENT'S EDUC		16a.	OECEDENT'S	USUAL OC	CCUPATI	ON ost of working	16b. KI	ND OF BUS	INESS/IN	DUSTRY		
9	Elementary/Secondary (0	1-12)	College (1-4 or 5		life. Do NOT us	se retired.)				n 1-		1 11	2 C t. 1. A	
M	12 17. FATHER'S NAME (First, M	U-fate to a		V1.	sual M	erch	and:	ise Direc				,O. F	lith A	ve.
								Bertha			Sumeme)			
2	Floyd Shei				19b. MAILING	ADDRESS	S (Street	and Number or Rural I		_	n, State, Zi	p Code)		
2	Jean Visel	1 i			118 M	loore	St	., Waverl	y, NY	148	392			
ł	20s. METHOD OF DISPOSITI		auni fram State	20b. PLA	CE OF DISPO	SITION (Na	me of ce	metery, crematory or		20c. LO		City or To		
	4 Donellon 5 Other	(Specify)	DVAI HOM State	Mt.	Comfo					Alex	andı	ria,	VA	
ĺ	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1				nd address of fa oh Gawler		nc 1	n.c			
	me	har	CEIL	ela	42			Wisconsi				ingto	n.D.C.	20016
	23. PART I. Enter the di		complications the										Approx	
	IMMEDIATE CAUSE (Fir													and Death
	disease or condition resulting in death)	→	Complica .	tions	of Ac	quire	ed I	mmune De	ficier	cy S	yndr	ome	2 3	rs.
ĺ			OUE TO	(OR AS A CON	ISEQUENCE O	F):								
S	Sequantisily list conditi		b. OUE TO	(OR AS A CON	ISEQUENCE O	F):								
Ă.	If any, leading to imme- cause. Enter UNDERLY	ING		,		,							į	
HIFICATION	CAUSE (Disesse or inju that initiated events		DUE TO	(OR AS A CON	ISEQUENCE O	F):							1	
	resulting in dasth) LAS	T .	d										-	
CE	PART II. Other significa	int condition	s contributing to	death but no	ot rasulting	in the un	nderiyir	g causs given in	Part I. 24	ie. WAS AN	AUTOPSY	24b	. WERE AUTOPS	Y FINDINGS
DICAL										PERFOR			AVAILABLE PR	
ш									_ '	TES 2	M NO		OF DEATH7	□ NO
2									-					
A	25. WAS CASE REFERRED T	O MEDICAL						LACE OF DEATH (Ch	eck only one)					
2	EXAMINER? 1 ☐ YES 2 🌣 NO		HOSPITAL:	☐ ER/Outpatien	t 3 🗆 DOA	4 Nur		ne 5 🔀 Residence	8 Other (S	Specify)				
PHYSICIAN: M	27. MANNER OF DEATH		28e. DATE OF		28b. Till IN	IE OF JURY		JURY AT DRK?	28d. DESCR	IBE HOW I	NJURY O	CUREO		
R		Pending Investigation				М		YES 2 NO						
		Could not be determined	building	otc. (Specify)	1 home, ferm,	street, leci	tory, offi	: •	City or	ON (Street Town, State)	end Numbe	er or Rural F	Route Number,	
	29e. CERTIFIER		- X	-										_
COMPLETED	(Check only KIXI CEH				1			e end place, end due death occured at the) end menner	ee stated.
1	29b. SIGNATURE AND TITLE		- 11	- 1/		177-17		29c. LICENSE NUI					(Month, Day, Y	
BE	Alex	(0)	MAMA	1/				DC 16					9, 19	
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAD	SE OF OEATH	(ITEM 27)-(Type	o, Print)		1 20 10	717			оиту	J, 13	,,,
	Christoph	ner Mc	Mackin,	M.D.,	2112 1	St.	, N	W,Washing	gton,	D.C.				
	31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNATUR	RE Y									
	JUL 1	1 '90	guh	a Davidse	n-Hand	6 65								



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, P.O. BOX 13146	DITAL OD ATTEAUDIANC DELVETORAN. The law requires that the death certificate he executed
J.	death
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DIVISION OF VITAL	CAIDIAIC
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Friburs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after death with the State Debt. of Health and Mental Hyglene prior to burial, centration, or removal.

					90	20353
1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF RTIFICATE O		ENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	MAE Ste	+		2. DATE OF DEATH DAY	19 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In yrs. last t	birthday) IF UNDER 1 YEAR		7. DATE OF BIRTH	8. BIRTH	PLACE (State or Foreign
220-26-7081	□ M 2 X F 93	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) MAY 20, 18	97 WASH	ngton, D.C.
9e. FACILITY NAME (If not institution, give street	et and number)	9b. CITY, TOW	OR LOCATION OF DEAT		c. COUNTY OF DI	
RESIDENCE OF DECEDENT	Care Center	baits	ersburg		Monty	omery
10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOC	ATION		i	10d. INSIDE CITY LIMITS?
MARYLAND MONTGO	MERY	GAITHE	RSBURG			1 YES 2 NO
10e. STREET AND NUMBER			IOF. ZIP CODE	1	Og. CITIZEN OF W	HAT COUNTRY?
301 RUSSELL AVENUE			20877		USA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2 █ NO IF YES, GIVE WAR OR DATES	ff yes,	ECENDENT OF HISPANIC specify Cuban, Mexican, ES 2 NO Specify:	ORIGIN? (Specify Yee or Puerto Ricari, etc.)	No- 14. RACE Black Specif WHI'	— American Indian, , White, etc. Y: TE
15. DECEDENT'S EDUCA' (Specify only highest grade co		EDENT'S USUAL OCCUPA e kind of work done during	FION	16b. KIND OF BUSIN	ESS/INDUSTRY	
	College (1-4 or 5+)	Do NOT use retired.)	nost of working			,
12	HO	OMEMAKER				
17. FATHER'S NAME (First, Middle, Last) EDWARD LEE HUNTT				E (First, Middle, Melden Sui A FAUST	mame)	
19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (Street			State, Zio Code)	
DONALD H. STEWART		3 REBECCA F				E 19930
20e. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Remov. 4 Donation 5 Other (Specify)	other place	OF HEAVEN			ION — City or To	wn, State G, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICEN	notan	/ FRANC		INS FUNERA BLVD.,W. S	-	
IMMEDIATE CAUSE (Fine)	st Only one cause on sach line.		-		0	Approximate Interval Between Onset and Death
disease or condition resulting in death) a.	DUE TO (OR AS A CONSEQU	te Vi	umos	m 20	Ver	
	DUE TO (OH AS A CONSECU	DENCE OF J.	a &	de	~ ~	į
Sequentielly list conditiona, if any, laeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEOU	UENCE OF):)			MD.
CAUSE (Olsease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQU	UENCE OF):				
PART II. Other aignificant conditions	contributing to deeth but not re	suiting in the underly	ing ceuse given in Pa	art i. 24s. WAS AN AU	TOPSY 24b.	WERE AUTOPSY FINDINGS
Brond	les preu			PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	0					OF DEATH? 1 YES 2 NO
				_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		PLACE OF GEATH (Chec	k only one)		
1 TYES 2 NO	Inpetient 2 ER/Outpetient 3	DOA 4 Nursing H	ome 5 - Residence 6			
27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HOW INJ	URY OCCURED	
2 Accident Investigation	28e. PLACE OF INJURY — At horr		YES 2 NO	26f. LOCATION (Street and	Number or Burel F	Inuite Mumber
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	, tarin, onest, tectory, o		City or Town, State)		Turner,
290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowledge, dear	th accurred at the time of	eta and place, and due to	o the cause/s) and man-	or an eleted	
(Critical only	On the basic of examination end/or in) end menner ee atated.
29b. SIGNATURE AND TITLE OF CERTIFICATION			29c. LICENSE NUMB		Pad. DATE SIGNED	
vol ()	all.	lung	208	- 1	7-9	-90
30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (ITEM	1 27) (Type, Print)	1200	` `		

TEO CAUSE OF OEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE
Julia Davidron-Randalle 31. DATE FILEO (Month, Day, Year)

DHMH-16 Rev 1/89

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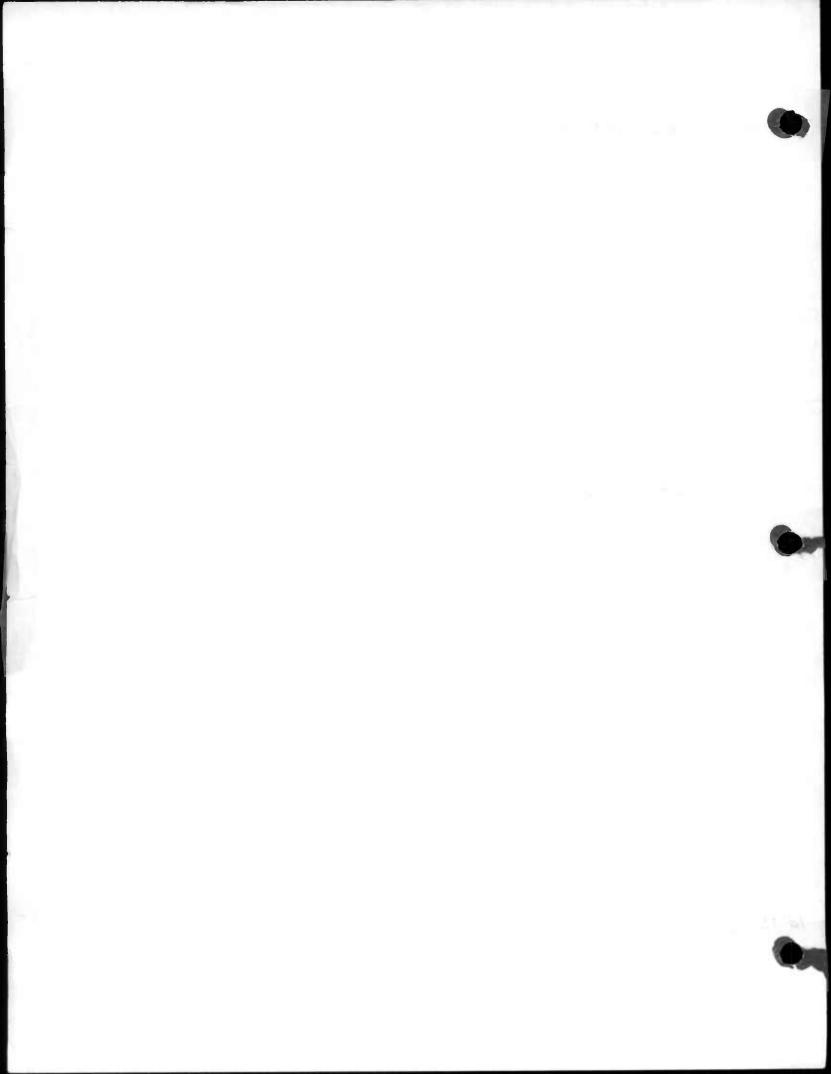
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last,)				2. DATE OF DE	EATH	V. 1	3. TIME OF DEATH				
ì	JASON R. :	SILVERNAI	V			nonth nd	DAY	90	2128 PM				
1	4. SOCIAL SECURITY NUMBER	CURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLI											
	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)												
	021-03-2140 TX M 2 F												
<u>۳</u>	SHADY GROVE ADVENTIST HOSP. ROCKVILLE MD MONTGOMERY												
DIRECTOR	RESIDENCE OF DECEDENT												
2	10e. STATE 10b. COUN												
		ward	Laud	<u>lerhill</u>	ZIP COOE			1 TES 2 NO					
Z	10e. STREET AND NUMBER	OF WHAT COUNTRY?											
FUNERAL	6300 Falls Circl	Le Drive, S. #2			33319 ENGENT OF HISPANI	0.0000000000000000000000000000000000000		U.S.A					
5	1 Never Merried 2 Married	FORCES? 1 X YES	2 NO	If yes, spi	city Cuben, Mexican,			RACE — American Indian, Black, White, etc.					
TO NOVE METHOD 245 METHOD IF YES, GIVE WAR OR DATES WWII 1 YES 2 NO Specify:								S	Specify: White				
G	15, DECEDENT'S ED	UCATION	16a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND	OF BUSINES	S/INDUSTR	ry .				
ы	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	the. Do NOT use i	k done during mo etired.)	st or working	D							
AP.		5+	Attorney	Ţ.		Kegi	onal I	Jirec	tor of A.D.L.				
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	IE (First, Middle,	, Melden Surne	ime)					
BE (Samuel Silverma	ın			Anna	Go1dma	n						
2	19a. INFORMANT'S NAME (Type/Print)		200 P. C.		nd Number or Rural Ro								
	Valerie N. Silve					S #411			L1,FLa.33319				
	20e. METHOD OF DIPPOSITION 1 Burlel 2 □ Commetton 3 □ Re		other place)		netery, crematory or			100	or Town, State				
	4 Donellon S Offer (Specify) 21. SIGNATURE OF FUNDINAL SERVICE	HOPMOSE #	Menorah (ID ADDRESS OF FAC		Rockv	ille,	Maryland				
	19) M					MEMORI.	AL CH	APELS, INC.				
	/ Jaker	M. Le	el	1170	Rockville	Piko	Rock	ville	Md 20852				
	23. PART I. Enter the dispases, or ahock, or heart tallun	r complications that cause e. List only one cause on e		entar the mo	de of dying, such	an cardiac	or reapirator	ry arreat,	Approximate Interval Between				
	IMMEDIATE CAUSE (Finel			AA N	1	0			Onset and Death				
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Pugusul Small cell lung Caucer 7 MD. Due to (or as a consequence of):												
	DUE TO (OR AS A CONSEQUENCE OF):												
2	Sequentielly liet conditions,	b											
CERTIFICATION	If eny, leading to immediata cause, Enter UNDERLYING	DUE 10 (UN AS A	A CONSEQUENCE OF):						j				
SE	CAUSE (Disease or Injury that Initiated events	C DUE TO (OR AS /	A CONSEQUENCE OF):						1				
Ē	resulting in death) LAST								1				
핑		_ d											
A.	PART II. Other algolficent conditi	one contributing to death t	out not reaulting in	tha undarlyin	g cause given in i	Part I. 24a.	PERFORMED		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDICAL						1 [YES 2 [1	NO	COMPLETION OF CAUSE OF DEATH?				
ME						_			1 TES 2 NO				
ÿ							_						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (Che	ck only one)							
YSI	1 TYES 2 TH NO	1 🖫 Inpetient 2 🗆 ER/Out	patient 3 DOA 4	Nursing Hon	ne 5 Reeldence								
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	FURY AT DRK?	28d. DESCRIE	SE HOW INJUS	TY OCCURE	:0				
В	2 Accident investigatio	26e. PLACE OF INJURY	Y At home form et		YES 2 NO	201 LOCATIO	M /Stmat and A	Mumber or B	tural Route Number,				
ED	3 Suicide 6 Could not b	building, atc. (Spe		eet, lectory, onto	•	City or To		FORTIDOT OF TH	urar riouse starious,				
Ē	20a CEGTIFIED						-						
COMPLETED	(Check only	YSICIAN: To the best of my know							unate) and manner or state of				
00	2 MEDICAL EXAM	INER: On the basis of examination	on end/or investigation	in my opinion, o	seath occured at the	lime, date and	-		1				
BE	29b. SIGNATURE AND TITLE OF CERTIF	HER CLEMENT	1)		29c. LICENSE NUM	4 nr	7 29	d. DATE SIG	GREO Month, Day, Year)				
10	TO MAKE AND ADDRESS OF BERCOM	THE COMPLETE CONTRACTOR	EATH STEEL OF CO.	2-(-4)	1) 20	7 /		1/	0/70				
	30. NAME AND ADDRESS OF PERSON	COMPLETED CAUSE OF O	LUNG PL	(KIA)	5 LANE	Pure	2/2	Dank	VV10 40 20878				
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN		y 31-11/10	> LATIVE	JUITE	46	COCK	- יעניין אינטי				
	19°, 60° III	Julia Day	ridson-Randa	92									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND I	MENTA	L HYGIEN	E			
	1. OECEDENT'S NAME (First, Middle, Last)							OF OEATH			. TIME OF OEATH	
	Harry T. Slicer						Turne		1990 ^{vi}	EAR F	5:00 A. M	
	4. SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH 8.							BIRTHPL	ACE (State or Foreign		
	219-05-9847	19-05-9847								_		
OR	101 Floral Drive Gaithersburg Montgomer											
티	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
FUNERAL DIRECTOR		atgomery Gaithersburg								- 13	Od. INSIDE CITY LIMITS? (X) YES 2 \(\) NO	
A	10e. STREET AND NUMBER					ZIP CODE					AT COUNTRY?	
띮	101 Floral Drive					20877			Unite	d St	tates	
BY FUN	1 Never Married 2XXMerried FORCES? YEY YES 2 NO II yes, specify Cuben, Mexicen, Puerto Rican, etc.)								RACE - Black, 1 Specify:	- American Indien, White, atc. White		
	15. DECEDENT'S EDU	CATION	18e. DECEDER	IT'S USUAL C	CCUPATIO	DN .	16b	KIND OF BUS	SINESS/INDUS	TRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do No	of work done OT use retired.)	during mo	st of working						
릴	12		Mail	Carri	er		U	S. Po	stal S	erv	ice	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-		18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)			
BE C	Harry T. Slicer					Clara	Glo	yd				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAII	LING ADDRES	S (Street e	nd Number or Rural I	Route Num	ber, City or Town	n, State, Zip Co	de)		
2	Sylvia F. Slicer		101	Flora	1 Dr	. Gaithe	rsbu	rg, MD	20877			
	20e. METHOD OF DISPOSITION 1 X Surfel 2 Cremation 3 Rem	201	o. PLACE OF DIS	SPOSITION (N	ame of cer	netery, cremetory or		20c. LO	CATION — City	or Town	n, State	
	4 Denetion 5 Other (Specify)	Pa	rklawr	Memo	rial	Park		Roc	kville	, Ma	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22	NAME A	O ADDRESS OF FA						
	tay Morros					C		East D			Orive nd 20877	
	23. PART I. Enter the diseases, er		d the death.	Do not ente	r tha mo				<u> </u>		Approximate	
	shock, or heert fellule.	List only one cause on e	ach lina.						,	,	Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	. Colon cance	on with	1 1 170	r mo	tactacio					7 years	
	resulting in death)	OUE TO (OR AS A			I IIIC	Lastasis					/ years	
z		h										
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENC	E OF):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
분	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENC	E OF):								
CERTIFICATION	Totaling in double EAST	d									-	
AL C	PART II. Other significant condition	na contributing to death t	ut not result	ing in the u	ndariyin	g cause given in	Part I.	24a. WAS AN			VERE AUTOPSY FINDINGS	
2								PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE	
			-						M		OF OEATH?	
2							_					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				28. PI	ACE OF DEATH (Ch	eck only o	ne)				
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outs	patient 3 🗆 DC	OTHE		e XIX Residence	s 🗆 Othe	er (Specify)				
£	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF	28c. INJ		28d. OE	SCRIBE HOW I	NJURY OCCUP	ED		
2 Accident Investigation M 1 YES 2 NO												
								ute Number,				
	4 Homicide determined											
COMPLETED		ICIAN: To the best of my know	riedge, death oc	curred at the	time, date	and place, end due	to the ce	uee(e) end mai	nner as stated.			
S	one) 2 MEDICAL EXAMINE	ER: On the basie of examination	n end/or investi	getion, in my	opinion, d	eath occured at the	time, date	and place, en	d due to the c	euse(e)	end manner as stated.	
	29b. SIGNATURE AND TITLE OF CLUT PIE					29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Yeer)	
) BE	Doenel	toll	- N			D 4766			▶ Jur	e 2	9, 1990	
2	30. NAME AND ADDRESS OF PERSON WH					#606 **						
	Daniel Rosenblum			icut A	we.	#606 Ken	ising	gton, M	ш 2089	10		
	JUL 0 6 '90	32. REGISTRAR'S SIGN		doll								





1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

578 22 1123

31. DATE FILED (Month, Day, Year)

111 09 '90

WALTER DOUGLAS

9a. FACILITY NAME (If not institution, give street and number)

11224 Cherry Hill Road

5. SEX

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IVIDION OF VITAL RECORDS, 1.O. BOA 13149,	IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	IRECTOR: After this certificate has been signed by the attending physician and completely fined in by the	me about doubt with the Cente Dane of Health and Mental Honisme prior to build cremation or remoted
5	EN	OR	Shory
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	Œ	8	917

DIREC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?			
- 1	1017 7 2011					eltsville					
FUNERAL	100. STREET AND NUMBER	erryhill Road			101	20705		U.S	· A .	UNTRY?	
0	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 DI	Merried 12. WAS DECEDEN' FORCES? 1: IF YES, GIVE W	TEVER IN U.S. A VEY YES 2 AR OR DATES	RMED NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:		RACE — Ame Black, White, Speakin 1	atc.	
COMPLEIED		ECEDENT'S EDUCATION only highest grade completed) (0-12) College (1-4 or 5 +		ECCEDENT'S USUA Give kind of work of the Do NOT use retire 1. FOC	done during mo red.)			BUSINESS/INDUS		ts.	
	17. FATHER'S NAME (First, Samuel	Middle, Lest) Smoot			18. MOTHER'S NAME (First, Middle, Melden Surneme) Mary M. Williams						
O BE	190. INFORMANT'S NAME H1lda A.	(Type/Print) Smoot		96. MAILING ADD	herr;	yhill R	Route Number, City or Bel	Town, State, Zip Co	e MD.	20705	
		tion 3 - Removal from State	20b. PLACE other Arli	e of disposition place)	Nati	netery, cremetory or onal Ce	metery	LOCATION — CH Arling	y or Town, Star	VA.	
	21. SIGNATURE OF FUNERAL SERVICE CENSEE Arlington National Cemetery Arlington, VA. 22. NMA AND CORRESPONDENCE OF THE PROPERTY OF THE PROPERT										
CERTIFICATION	23. PART i. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentielly list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or is that initiated events resulting in death) Li	ditions, nedlete LYING c. Due to	se on each fir	EQUENCE OF):	luce	de of dying, aud	ch ea cerdiec or re	eapiretory arres	1.0	Approximate Interval Between Draset and Dest Interval Between Draset and Dest Interval	
MEDICAL	PART II. Other signification	cant conditions contributing to			- A	g cause given in	PEF	S AN AUTOPSY RFORMED? S 2 YNO	AMAILA COMPL DF DE/	AUTOPSY FINDING: BLE PRIOR TO LETION DF CAUSE ATH? TES 2 12 NO	
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 □ DOA 4 □	HER:	LACE OF DEATH (C	heck only one) 8 □ Other (Specify)				
ву РНУ		Pending 28e. DATE OF (Month, D		28b. TIME OF INJURY	W	JURY AT DRK? YES 2 NO	28d. DESCRIBE H	OW INJURY OCCU	RED		
8	2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								imber,		
COMPLET	cond only	ERTIFYING PHYSICIAN: To the best of e								ienner es stated.	
BE	296 SIGNATURE AND THE	La Color Controvien	MD			29c. LICENSE NU	MBER LOV	29d. DATE	SIGNED (Month	Day, Year)	
5	55. RAME AND ADDRESS	of Penson who completed cause	\wedge	1	n) XTAC	3 Ave	What	on M	d 20	0906	

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR IF UNDER 24 HRS.

Beltsville.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

SMOOT

8. AGE (In yrs. last birthday)

67

3. TIME OF DEATH 10:35 p.

8. BIRTHPLACE (State or Foreign Country)

Virginia

Prince Georges

REG. NO.

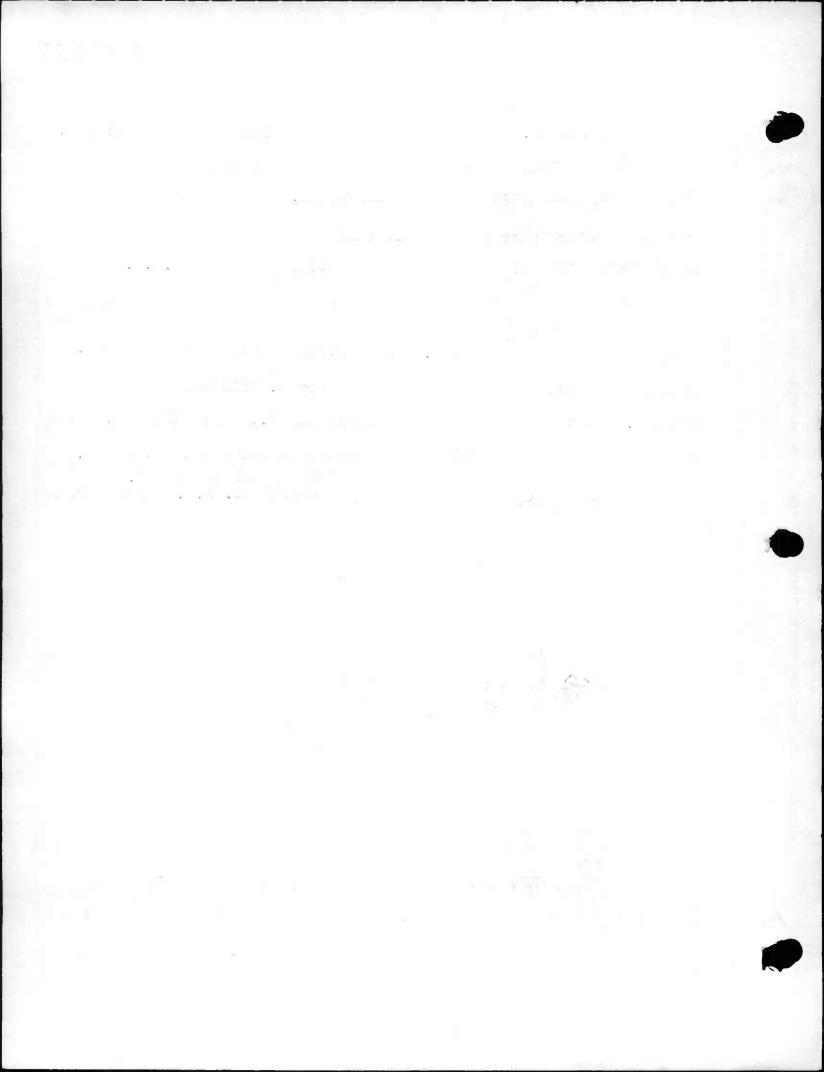
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9c. COUNTY OF DEATH

2. DATE OF DEATH MONTH

July 7. DATE OF BIRTH (Month, Day, Year) Feb 14

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1	-	STATE REGISTR	AR
Γ	1. D	ECEDENT'S	NAN

	- STATE REGISTRAR		CERTIF	CATE C	F DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY VEAD 3. TIME (3. TIME OF DEATH		
i	Scatt Ev	-dm	mills				7-8-90 6:06					
	4. SOCIAL SECURITY NUMBER . 5. SEX	SOCIAL SECURITY NUMBER . 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UN						/		IPLACE (State or Foreig	gn	
	007-56-3471 1XM2	YRS.	MONTHS DAYS HOURS MIN. (Month, Day, 9-3-56					Mai	n e			
ŀ	9a. FACILITY NAME (If not institution, give street and number	33		9b. CITY, TOV	N OR LOCATION OF DE	NTY OF D		\dashv				
OR B	8302 49th Ave. College Park, Md. Prince									George's		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	E OF DECEDENT									\neg	
	11100 000190 1										0	
FUNERAL										WHAT COUNTRY?		
띨	8302 49th Ave. 20740 U.S											
בָּ		EDENT EVER IN							to Rican, etc.) Black, White			
ВУ		IVE WAR OR DAT		If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: Specify: Whi								
	15. DECEDENT'S EDUCATION	T	18e. DECEDENT'S	USUAL OCCUP	ne during most of working							
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	or 5+)	(Give kind of t	vork done during se retired.)	most of working						- 1	
립	12yrs. 6 yr		Trainin	a Offi	cer	U.S	. Pea	Peace Corps			- 1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		·		18. MOTHER'S NA				-	11 11 -		
	Everett R. Smith				Doroth	ny May	/ Mose	es				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	net and Number or Rural				p Code)		\neg	
입	Dorothy M. Smith		Rt. 3	Box 5	ox 573 Belfast, Maine 04915							
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPD		cemetery, crematory or			CATION -	City or To	own, State	\neg	
	1 Buriei 2 Cremation 3 Removal from Sta 4 Donation 5 Other (Specify)	Me	etropoli	tan Cr	ematory		Alex	kandr	ra. N	/irginia		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAM	E AND ADDRESS OF FA							
	MIRC				ald V. Bor O Powder M						70.5	
	23. PART I. Enter the diseases, or complication	s thet caused	the death. Do							Approximate	-	
	ahock, or heart failure. List only on								,	Interval Bety	ween	
	IMMEDIATE CAUSE (Final disease or condition Assume											
	disease or condition resulting in death) Due to (or AS A CONSEDUENCE DF):											
_	DUE TO (OR AS A CONSEDUENCE DF):											
CERTIFICATION	Sequentially list conditions,	JE TO (OR AS A	CONSEQUENCE O	F):						+		
¥	If any, leading to immediate cause. Enter UNDERLYING											
트	CAUSE (Disease or Injury that initiated events	JE TO (DR AS A	CONSEQUENCE O	F):								
	resulting in death) LAST											
	DADT II Other significant conditions expetitivities to death but to the significant conditions expetitivities to death but to the significant conditions appetitivities to the significant conditions appetitivities to the significant conditions appetitivities to the significant conditions appetitivities to the significant conditions appetitivities to the significant conditions appetitivities to the significant conditions appetitivities to the significant conditions appetitivities											
DICAL	PERFORMED?									AWAILABLE PRIOR TO COMPLETION OF CAL		
ă										DF DEATH?	JSE	
×										1 YES 2 NO	·	
Ž.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH #Check only one)											
PHYSICIAN: ME	EXAMINET? HOSPITA			OTHER:	S. PLACE OF DEATH ACT	heck only one)				\dashv	
ΙXS	7	t 2 🗆 ER/Outpa	Itlent 3 DOA		Home 5 Mealdence							
		onth, Day, Year)		JURY	INJURY AT WORK?	28d. DE\$	CRIBE HOW I	NJURY O	CCURED			
BY	2 Accident Investigation	ACE OF IN HIRW	At home from		YES 2 ND	004 1 004	TION (Or			De de Miller		
	3 Suicide 8 Could not be bu	Ilding, etc. (Speci	— At home, farm,	street, factory,	onice	City o	r Town, State)	ena Numbi	er or Hurai	Route Number,		
COMPLETED	29s. CERTIFIER					l					-	
MP.	Check only 1 CERPIFYING PHYSICIAN: To the I											
8	MEDICAL EXAMINER: On the bas	is of examination	and/or investigati	on, in my opink	on, death occured at the	time, date	and place, ar	nd due to	the cause	(a) and menner as stat	ted.	
BE (295 AGNATURE AND TITLE ON CERPOTER	41			29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)		
24	Hugung & Kodrywy	W			1/2120	30			7-8.	-90		
	30 MANE AND ADDRESS OFFERSON WHO COMPLETE	D CAUSE OF DEA	ATH (ITEM 27) (No	Print)	1 111	10	n	1		66.		
	MARTINE LACENICI	192/	10 51	9 Koy	pen Ut. C	000	1- /14	21	74	18		
	31. DATE FILED (Month, Day, Year) JUL 11 90 32. REC	SISTRAR'S SIGNA	ATURE	/ /	/	1						
	JULIT JU Gu	na Davids	on Randol	2_								

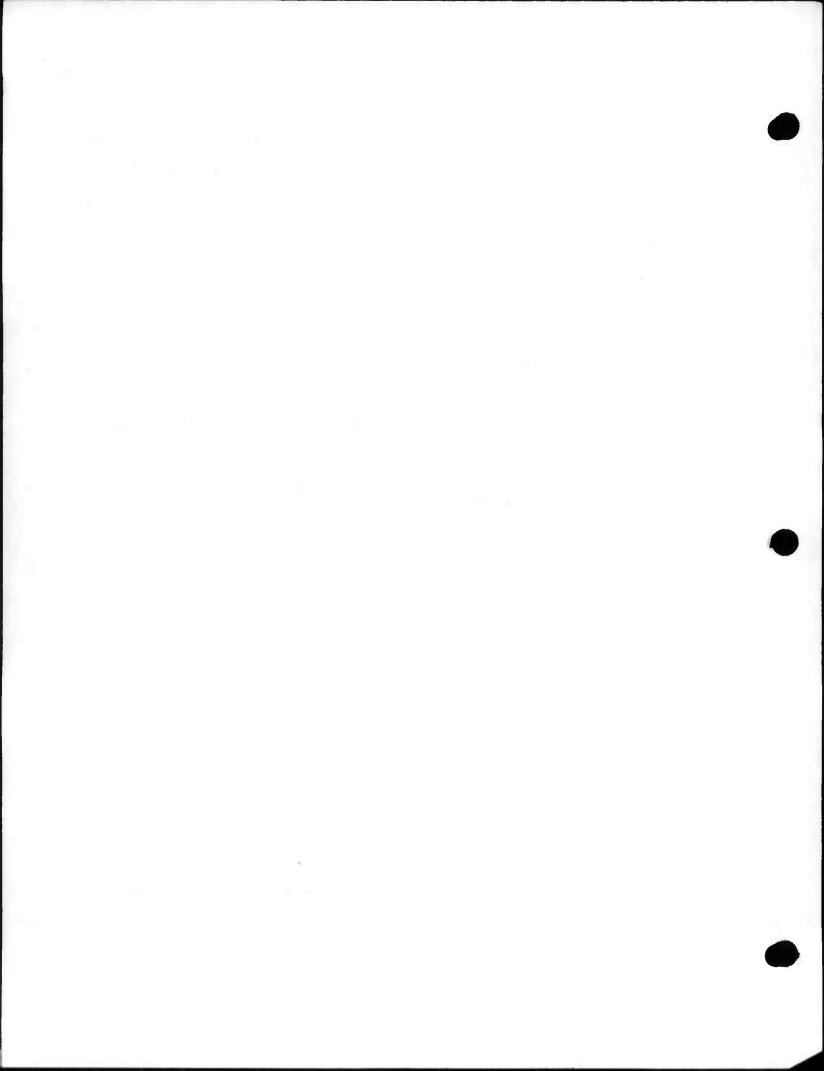


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BOX 131	ifficate be execute
D. BOX 131	ertificate be execute
.O. BOX 131	th certificate be execute
P.O. BOX 131	leath certificate be execute
S, P.O. BOX 131	e death certificate be execute
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AL RECORDS, P.O. BOX 131	The law requires that the death certificate be execute
ITAL RECORDS, P.O. BOX 131	N. The law remiles that the death certificate be execute
VITAL RECORDS, P.O. BOX 131	CLAN- The law requires that the death certificate be execute
F VITAL RECORDS, P.O. BOX 131	ASICIAN. The law requires that the death certificate be execute
OF VITAL RECORDS, P.O. BOX 131	PHYSICIAN: The law requires that the death certificate be execute
V OF VITAL RECORDS, P.O. BOX 131	G PHYSICIAN. The law requires that the death certificate be execute
ON OF VITAL RECORDS, P.O. BOX 131	DING PHYSICIAN. The law requires that the death certificate be execute
SION OF VITAL RECORDS, P.O. BOX 131	ENDING PHYSICIAN. The law remilies that the death certificate be execute
ISION OF VITAL RECORDS, P.O. BOX 131	TTENDING PHYSICIAN. The law requires that the death certificate be execute
IVISION OF VITAL RECORDS, P.O. BOX 131	attending physician. The law requires that the death certificate be execute
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within this after feath. Page 6 may be retained by the bosonial or attending physician.

Death certificate be executed within account and use of may be retained by the notified of alle	e attending physician and completely filled in by the funeral director, page 5 should be detached for use a ental Hyglene prior to burial, cremation, or removal.	ary, or other traumatic event, the medical examiner must be notified at once.
IN THE MOSPITAL OF ALTENDING PRINCIPAN: THE 18W FEQUIES THAT HE DESCRIBED WHITE THE HOSPITAL DESCRIPTION OF THAT HE HOSPITAL OF ALLE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th

	REGISTRAR		C		ICALE	_	DEA	Ш	H	EG. NO.			
ŀ	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH DAY	,	YEAR	3. TIME OF DEATH
1			ssa Said									6:15 pm M	
	4. SOCIAL SECURITY NUMBER	MONTHS DAYS HOURS MIN. (Month, Day, Year)							6. BIRTH	PLACE (State or Foreign Nazareth,			
	none	YRS.	MONTING	DATE	HOUNS				1914	Pale	estine		
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
E I	4515 Willard Avenu		Chevy Chase Mon					+ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
K	RESIDENCE OF DECEDENT	Chevy chase					Montgomery						
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?				
ā	Maryland Me	Chevy Chase						1 TYES 27 NO					
	10e. STREET AND NUMBER		101. ZIP CODE					10g. CITIZEN OF WHAT COUNT			/HAT COUNTRY?		
FUNERAL	4515 Willard Avenue #2403 S					20815					Lohaman		
Ž I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify					Lebanon as or No.— 14. RACE — American Indian,		
	1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 YES GIVE WAR OR DATES					If yes, sp	ecify Cubi	nn, Mexican	, Puerto Ricar		Black, White, etc.		
BY	3 🖔 Widowed 4 🗌 Divorced	IF YES, GIVE	MAH OH GATES		1 ☐ YES 2X NO Specify: Specify: Wh:					White			
									INESS/IND				
COMPLETED	(Specify only highest grade		Alba	live kind of a Do NOT us	work done se retired.)	during mo	ast of working	ng					
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)	H	omema	akar				Orar	n Hor		
Ž	17. FATHER'S NAME (First, Middle, Last)			Homemaker				Own Home 6. MOTHER'S NAME (First, Middle, Meiden Surneme)					
							16. MOT						
BE	Shukri Mo	oussa					<u> </u>		Munir				
2	190. INFORMANT'S NAME (Type/Print) Grace H. Said								oute Number, C				20815
-	Grace H. Said		4	4515	Will	ard	Ave.	#240	03S Ch	evy	Chas	hase, Maryland	
	20g, METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Rem	oval from State	20b. PLACE other p	OF DISPO	SITION (Na	ime of cei	metery, crer	matory or		20c. LO	ATION — City or Town, State		
	4 Donation 5 Other (Specify)			Rock	Cree	ek C	emet	ery		Wa	shington D.C.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND AOORE	SS OF FAC	ILITY				
	Kahunt	- Fas	MOC	0198	İ	Seth	esda	-chev	y cha	se,	Inc.	755°	Wisconsin
-	22 PART I Fator the disease of	0-00	com		<i>I</i>	Aven	ue B	ethes	da, M	aryl	and 2	20814	
	23. PART I. Entar the diseases, or o shock, or heart fellure.				not antar	tile mo	oda or dy	ing, such	as csrdiac	or reapi	retory sti	reat,	Approximata Intarval Between
	IMMEDIATE CAUSE (Final	0 -	_ ^		/								Onset and Death
	disease or condition resulting in death)	. Bre	2 10	3/0									
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions,	b											
CERTIFICATION	If any, leading to immediata	DUE TO	(OR AS A CONSE	OUENCE O	F):								
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	С											
E I	that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
	resulting in death) LAST	d											
	PART II. Other significant condition	a contribution to	educable based must		to About	ad a ada da		alara ta f	2.11				
EDICAL	PART II. Other significant condition	s contributing to	death but not	reauting	in tha ui	noariyin	g cauaa	given in i	Part I. 244	PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음									1 8	YES 2	(XNO		COMPLETION OF CAUSE OF DEATH?
ME									_				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF C	DEATH (Che	ck only one)				
8	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	R:	ne sX Xe	leeldence (6 Other (Sp	necessary)			
ΞI	27. MANNER OF DEATH	28e. DATE O	FINJURY	28b. TIN	IE OF	28c. IN.	JURY AT	I	28d. DESCRI		JURY OC	CURED	
<u>a</u>	1XXNatural 5 Pending	(Month,	Day, Year)	IN.	JURY M		ORK? YES 2	¬ NO					
B	2 Accident Investigation	28e. PLACE	OF INJURY — At h	ome farm.	atreef, fac		-		28f. LOCATIO	M (Straat a	nd Numbe	r or Phical F	Poute Number
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)			tory, orm			City or To	wn, State)	na manaa	Or Francis	The Practice of
ᇤ					_	_							
교	29a. CERTIFIER (Check only	CIAN: To the best of	f my knowledge, d	leath occur	red at the	time, date	end plece	e, end due 1	fo the ceuse(e	end mer	ner ee sta	ted.	
0	one) 2 MEDICAL EXAMINE	R: On the basis of	examination applior	Investigati	on, in my	opinion,	death occu	red at the t	time, date end	place, en	d due to ti	he ceuse(e	e) end manner ea stated.
EC	29b. SIGNATURE AND TITY OF CENTIFIE	11/10	hAll	1)	0		29c. LJC	ENSE NUM	BER O		29d. DAT	E SIGNED	(Month, Day, Year)
8	lim	1	0/1/	1	m	P		133	XX		.	T1100 -	20 1000
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITI	EM 27) (Type	, Print)			00	0 0		U	une	29.1990
ı	200.2541152.0000							_			_		
	Kenneth D. Miller	22 DEMETE	AD'S SIGNATURE			o Dr	ive	Olney	v. Mar	ylan	d_20	832	
	JUL 0 9 '90	Lulio	Davids	Banda	00								11



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount death. Page 6 may be retained by the hospital or attending p TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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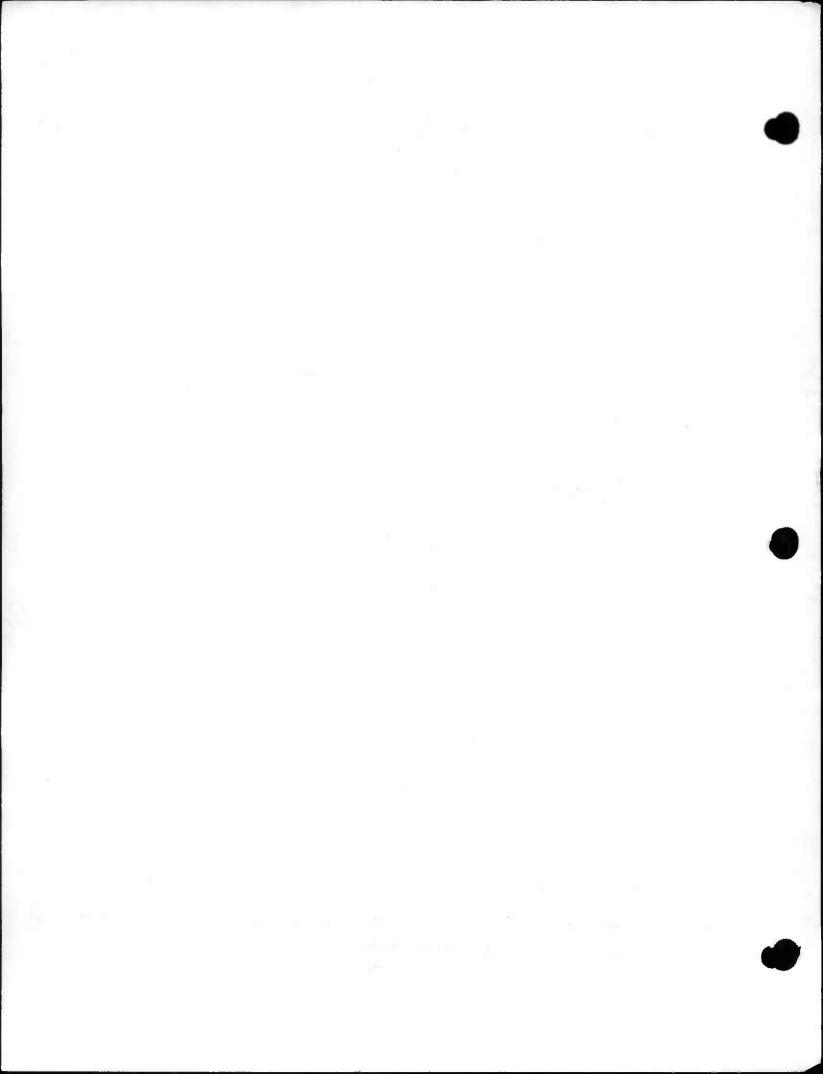
FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				F DEATH	REG. NO					
	n. Decedent's NAME (First, Middle, Last) Dorothy Elizabeth Dorothy Elizabeth			NAPP		2. DATE OF DEATH MONTH	3. TIME OF DEATH A				
	4. SOCIAL SECURITY NUMBER			1.0		7. DATE OF BIRTH					
	1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(In yrs. last birthday) 67 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) July 1,19	923 West Virginia				
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOV	N OR LOCATION OF D		9c. COUNTY				
DIRECTOR	Washington County Hospital				agerstown		Washington				
[[RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
<u>E</u>	Maryland Wash	ington		Hagers				LIMITS?			
	10e. STREET AND NUMBER		- I	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	912 Mulberry Aven		21740		USA						
5		IN U.S. ARMED	13. WAS	DECENDENT OF HISPAI , specify Cuban, Mexico	NIC ORIGIN? (Specify Yes	GIN? (Specify Yea or No. 14. RACE — American Indian, Black, White, etc.)					
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I			rES 2 NO Specif			specify: white			
	15. DECEDENT'S EDUCA		18e. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	BUSINESS/INDUSTRY				
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT us	vork done during se retired.)	most of working						
COMPLETED	12	0	Unemp1oy	ment C	laims Asso	ciate	State of Maryland				
	17. FATHER'S NAME (First, Middle, Lest) S. Fletcher Coffm	an				AME (First, Middle, Maiden le O. Rinke					
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	net and Number or Rural	Route Number, City or Tow	n. State. Zin Co.	rde)			
2	Edwin K. Snapp,El	iz.A.Felix				agerstown,					
	20a. METHOD OF DISPOSITION 1 [X] Burlat 2 Cremation 3 Remove	rel from State	b. PLACE OF DISPOS	SITION (Name o	cemetery, crematory or			y or Town, State			
	4 Donation 5 Other (Specify)		Rose Hil				Hagerstown, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICE	M) cmm	1	MI	E AND ADDRESS OF FA NNICH FUNI	ERAL HOME					
	SCOU	/						own, Md. 21740			
	23. PART i. Enter the diseases, or co shock, or heart failure. U	emplications that cause ist only one cause on	ed the death. Do reach line.	not enter the	mode of dying, suc	ch aa cardiac or reap	iratory arreat	interval Between			
	iMMEDIATE CAUSE (Final disease or condition	Cia	100	0	1. 0	1		Onset and Death			
	resulting in death) a.	DUE TO (OR AS	A CONSEQUENCE O	are B:	to car	bu mor	e Kla	e posowny			
_	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, laading to immediata b. DUE TO (OR AS A CONSEQUENCE OF):										
5	CAUSE, DISSORRE OF INJURY CAUSE (DISSORRE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF):										
Ē	that initiated events resulting in death) LAST	232 13 (01113		,							
	DADY is Other circlificant conditions	d									
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? PERFORMED? COMPLETION FOR TO										
ă						1 YES :	NO	OF DEATH?			
Σ	1 T YES 2 NO										
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 ☐ Inpetient 2 E ER/Ou		OTHER:							
¥	27. MANNER OF CEATH	28a. DATE OF INJURY			Home 5 Residence	28d. DESCRIBE HQW	INJURY OCCUE	AFD.			
	1 Natural 5 Pending	(Morith, Day, Year)	00 00	JURY / 7	WORK?	Short she	Shelf in agrage avon				
ВУ	2 Accident investigation 3 Suicide & Could and by	284. PLACE OF ANJUF	Y — At home, farm,	street, factory,	office	28f. LOCATION (Street	Street and Number of Rural Route Number,				
COMPLETED	a Homicide determined building, etc. (Specify) Home - Garage 972 Mulber, Are Hackey										
님	29a. CERTIFIER Check toly 1 CERTIFIER To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
8	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
	296. SIGNATURE AND STILL OF PROFIER	$\overline{}$			29c. LICENSE NU	IMBER	29d. DATE S	SIGNEO (Month, Day, Year)			
3 BE	allytha	_			D26	806	1 7	115/90			
٩	SO, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Typy	x Print)	10	(/	4	200			
1	31. DATE FILED (Movels, Day, Year)	32. REGISTRAR'S_SIG) C/G/C	17/	Me	17956 W	NOLN	1 11021 40			
	1 (10)			Dank Ob				İ			

DIVISION OF VITAL RECORDS, P.O. BOX

DHMH-16 Rev 1/89



46, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely imed in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death certificate be execu	been signed by the attending physician and of Health and Mental Hyglene prior to bur	shows any injury, or other traumatic
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23

	1 - STATE REGISTRAR	SIAIE UF N	MANT LAN	CERTIF						REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Lelia M. Steen	Della ilay billin								2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH JULy 11 1990 11:10 8			
JR .	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In)	rs. lest birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH 8. BI			ACE (State or Foreign
	213-03-0624	1 □ M 2 🂢 F		79 YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	26,	L911 M	Country) Saryla	and
	98. FACILITY NAME (If not institution, give street and number) Williamsport Nursing Home Williamsport Williamsport								77 1 1				
5	RESIDENCE OF DECEDENT	~										1	
FUNERAL DIRECTOR	Maryland Washington Hag						own or Location gerstown						d. INSIDE CITY LIMITS? YES 2 NO
ERAL	10 Coffman Avenue						2174	_			USA	EN OF WHA	T COUNTRY?
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? t IF YES, GIVE W		If yes, sp		m, Mexica	n, Puerto Ric	(Specify Yea or No— can, etc.) 14. RACE — Amer Black, White, Specify: White			Thite, etc.		
		15. DECEDENT'S EDUCATION Specify only highest grade completed) Condary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)							166. KIND OF BUSINESS/INDUSTRY post office				
COM	17. FATHER'S NAME (First, Middle, Last) Edgar B. Forrest								AME (First, Middle, Maiden Surname) M. Shipley				
TO BE	190. INFORMANT'S NAME (Type/Print) John R. Forrest	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	20a. METHOD OF DISPOSITION 1 St Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place)							20c. LOCATION City or Town, State					
	4 Donotion 5 Dottor (Specify) Rest Haven Cemetery Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740											id. 21740	
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Sepsis Sepsis												
	a. SEPSIS DUE TO (OR AS A CONSEQUENCE OF):												1
NOI	Sequentially list conditions, if sny, leading to immediate Cancer DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLYING CAUSE (Disease or injury	cause. Enter UNDERLYING											
CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
	PART II Other significant condition	ne contributing to	doeth but	not regulting	In the se			olum to	Post I d	4- 1400 41	ALITODAY	T 440, 100	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PERFORMED? (A) 1										MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO		
ż													
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2XXNO	EXAMINER? HOSPITAL: OTHER:											
B	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF (Month, E		28b. Til		28c. IN.	IURY AT ORK? YES 2 [28d. DESCRIBE HOW INJURY OCCURED				
	2 December							28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and menner as stated.										nd manner on stated		
		296. SIGNATURE AND TITLE OF/CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
TO BE	-Jedou	R. M	>				D 33		WEEK		h h-	SIGNED (M	
\vdash	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEAT	H (ITEM 27) (7/0	e. Print)								

WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

Ted E. Howe,

18100 Marden Lane, Olney, MD 20832

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MAR		ENT OF HEALTH A TE OF DEATH	ND MENTAL HYGIEN FEG. NO		
1. DECEDENT'S NAME (First, Middle, Arlene D	Less) Strain			2. DATE OF DEATH MONTH	6 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-30-9343 9e. FACILITY NAME (If not institution,	1 □ M 2 💢 F	88 YRS. MONT	HE DAYS HOURS I	MIN. (Month, Day, Year) 3/11/0	Cor	THPLACE (State or Foreign intry) Va.
Washington Co	ounty Hospit		Hagerston			hington
	ounty ashingtoh		wn or Location Lliamsport	t		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 43 E. Chui	rch St.		101. ZIP CODE 21.79	95	10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO		HISPANIC ORIGIN? (Specify Ye Maxican, Puarlo Rican, etc.) Specify:	8	ACE — American Indian, ack, White, stc.
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	S EDUCATION t grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUM (Give kind of work of life. Do NOT use retin	ione during most of working ed.)	16b. KIND OF BU	JSINESS/INDUSTR	,
17. FATHER'S NAME (First, Middle, La Norman Dir				abel Bagle;		l .
John S. Sti		43 E.C	nurch St.	Hural Route Number, City or Too William spo	ort, Md.	21795
20a METHOD OF DISPOSITION 1 Disposition 2 Cremetion 3 Carrotte Company of the Co)	creenlawn	Memorial	Park Wil		ort, Md.
21. SIGNATURE OF FUNERAL SERV	Libatson	v £. 0.	Watson Fu Hagerstow	of FACILITY neral Home n, Md. 217	, 24 W.	Bethel St.
23. PART I. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Finel disease or condition resulting in death)	illure. List only one cause o	n eech line.			piratory arrest,	Approximate Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	фие то (оя л	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	Infan	tion	2	< 3 hr
PART II. Other significant con		th but not resulting in th	e underlying ceuse giv		RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		HER:	NTH (Check only one)		
1 VES 2 NO 27. MANNEB OF DEATH 1 Natural 5 Pendin	1 □ Inpatient 2 □ ER/ 28a. DATE OF INJU (Month, Day, Ye	IRY 26b. TIME QE		dence 6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE)
2 Accident Investig 3 Suicide 6 Could 4 Homicide determ	28e. PLACE OF 1NJ building, etc.	tURY — At home, farm, street (Specify)		281. LOCATION (Stree City or Town, State		ral Route Number,
(CHOCK DINY	PHYSICIAN: To the best of my k KAMINER: On the bests of examin					se(s) and manner as stated.
296. SIGNATURE AND TITLE OF CE		mt	29c, LICEN	SE NUMBER	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERS	solut .			0-00936	7	17-90

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		mask
	·	marked or term 23 shows any Injury or other traumatic event, the medical examiner must be no
	or remova	medical
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	eath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	aumatic
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ast)	Suize	2. DATE OF DEATH

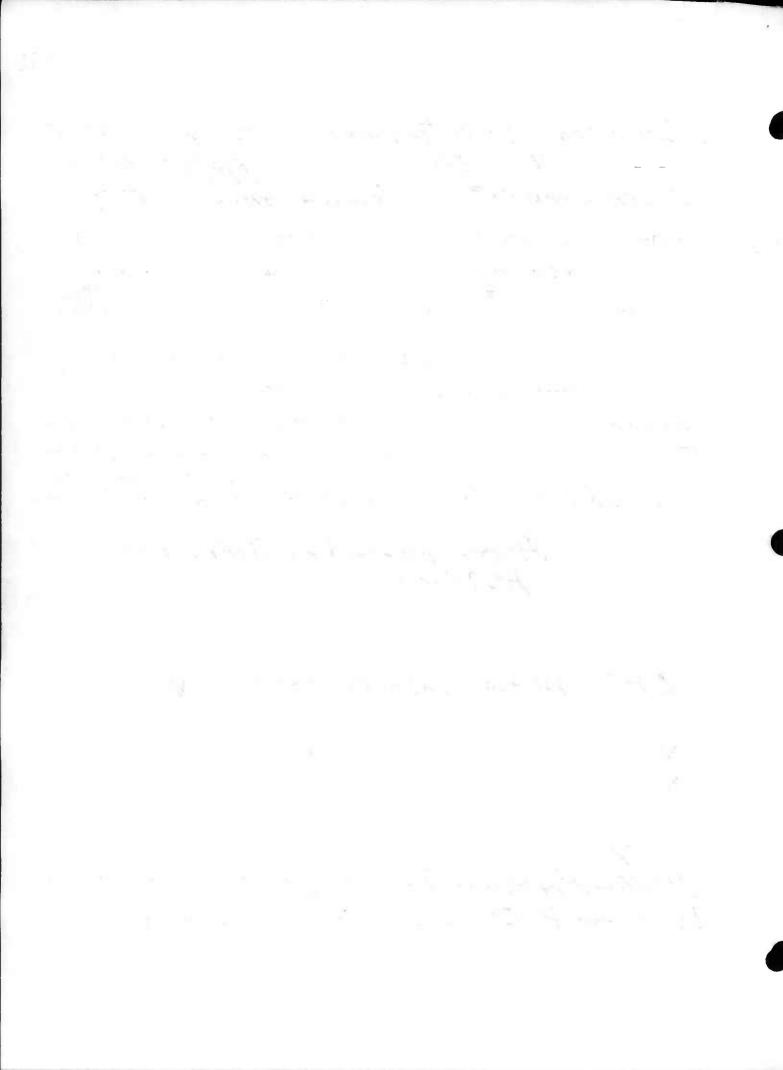
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM				IENE NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MARIO N	6	SAUAC	E		2. DATE OF DEA MONTH	TH	YEAR 3.	TIME OF DEATH
		SEX 8. AGE (In yrs. I	lest birthday) IF U	NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	5,1923	BIRTHPLA Country	CE (State or Foreign
OR	99. FACILITY NAME (N not Institution, give street or Peninsula General Ho		9b.		oury, MD	ATH	9c. COUNT	Y OF DEAT	
DIRECTOR	100. STATE 10b. COUNTY Va • ACCOM	nack		wn on Locati	***				1. INSIDE CITY LIMITS? YES 2 \(\text{NO}\)
FUNERAL	10e. STREET AND NUMBER	0. Box 1	86	101.	ZIP CODE 23303		10g. CITIZE		COUNTRY?
BY FUN	1 Never Merried 2 Married	WAS DECEOENT EVER IN U.S. A FORCES? 1 TYES 2 T IF YES, GIVE WAR OR DATES		If yes, spe	NDENT OF HISPAN city Cuben, Mexicar 2 NO Specify	n, Puerto Rican, el		4. RACE — Black, W Specifis	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp. Elementary/Secondery (0-12) Co Elementary	pleted)	DECEDENT'S USUI (Give kind of work of life. Do NOT use reti Labor	ione during mos ed.)	N t of working		Farm-WC		
	17. FATHER'S NAME (First, Middle, Last) Edward I	avis			18. MOTHER'S NAI		Wise		
TO BE	190. INFORMANT'S NAME (Type/Print) Ann Wharton		19b. MAILING A00	BOX	Number or Rural F 246 Te	noute Number, City	or Town, State, Zip C Ce vill	e, Va	23442
	20e. METHOD OF DISPOSITION 1 Structure Burlet 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State other	placa) Da	vis Fa	amily		Atlanti	LC, V	State 3. e
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	l. whorto	n		on Fun		ome- Ad		ac, Va.
	23. PART i. Enter the diseases, or companock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		ne.	nter the mod	ie of dying, such	h es cerdiec or	respiratory erre	et,	Approximete Interval Between Onget and Death
CERTIFICATION	Sequentially list conditione, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 VES 2 NO 246. WERE AUTOPS PERFORMED? 1 VES 2 NO 1 VES 2 NO 1 D YES 3 NO 247. WERE AUTOPS PERFORMED?							RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO		
Y Y	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Chi	ack only one)			
) 		OSPITAL: Inpatient 2 - ER/Outpatient		HER: Nursing Hom	5 🖺 Residence	8 Other (Special	(y)		
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 1	JRY AT RK? ES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	IRED	11
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atreet	, factory, office		28f. LOCATION (City or Town,	Street end Number o State)	r Rural Rout	e Number,
COMPLETED	(Oriota Orio)	t: To the best of my knowledge, in the beels of examination end/							nd manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	why			DZ2	160	15	ulu	S, 1990
2	30. NAME AND ADDRESS OF PERSON WHO CO	NAGEL	, me) f	& Hmc	542	15 BURY	, m	121801
8	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	n-Randal	2			7		

-1 (21 mg flox = 1 . A literal graduation

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
a, Last)	100 Talman	2. DATE OF DEATH MONTH DAY	/1

	1 - FOR STATE REGISTRAR	TATE OF MARYLA		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. OECEDENT'S NAME (First, Middle, Last)	1	-		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	LINWOOD,	Lee		MAN	76	90 2013 M
	4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	M 2 D F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	8. BIRTHPLACE (State or Foreign Couply) Virginia
OR		w Rd#	9 96	CITY, TOWN OR LOCATION OF DI	PAYK 9c.	COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION		10d, INSIDE CITY
E	Maryland Anne	e Arundel		Severna	Park	1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE	146	CITIZEN OF WHAT COUNTRY?
N N	31 Coachi	nan Koad Was decedent ever in	U.S. ARMED	13. WAS DECENDENT OF HISPA		U. S. A. 14. RACE — American Indian,
BY FL		FORCES? 12 YES IF YES, GIVE WAR OR DA		If yes, specify Cuban, Mexics 1 YES 2 NO Specif	an, Puerto Rican, etc.)	Black, White, etc. Specify: White
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S USU (Give kind of work	done during most of working	18b. KIND OF BUSINESS	3/INDUSTRY
Ę	Elementary/Secondary (0-12) Co	llege (1-4 or 5 +)	Security	ired.)	State Gov	vernment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	c Henry Tap	0	18. MOTHER'S NA	ME (First, Middle, Malden Surmar ie Pruitt	
BE	19e. INFORMANT'S NAME (Type/Print)	J 1101112 J 101		DRESS (Street and Number or Rural		
6	James East		812 We	st Main Street	Fruitland	d, Maryland 21826
	20e METHOD OF DISPOSITION 4 Buriat 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)		PLACE OF DISPOSITION OTHER PLACE OF DISPOSITION	N (Name of cometery, crematory or reague Cemeter	y Wachaj	N - City or Town, State preague, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE 11		22. NAME AND ADDRESS OF FA		Funeral Service
	michael P. M	argullo		3981 Carrollt	on Road Upper	rco, Maryland 21155
CERTIFICATION	23. PART I. Enter the disease, or companok, or heart feilure. List immediate cause or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ch line.	cardial		interval Between
PHYSICIAN: MEDICAL CER	PART II. Other eignificant conditions of			he underlying cause given in LYO5+hO9 26. PLACE OF DEATH (C)	PERFORMED?	AVAILABLE PRIOR TO
SIC	EXAMINER?	OSPITAL: Inpatient 2 ER/Outp		THER:	8 Other (Specify)	
	27. MÁNNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJURY AT	28d. DESCRIBE HOW INJUR	Y OCCUREO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stree		281. LOCATION (Street and No City or Town, State)	umber or Rural Route Number,
COMPLETED	anal A			t the time, date and place, end du		is stated. It the cause(e) and menner so stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	Do, mD	Depl	uty DO	6054 29d	DATE SIGNED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Pri		7merica	CA. 21035
	31. DATE FILED (Month, Day, Year) JUL 11 '90	32. REGISTRAR'S SIGN	ATURE Randal			



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

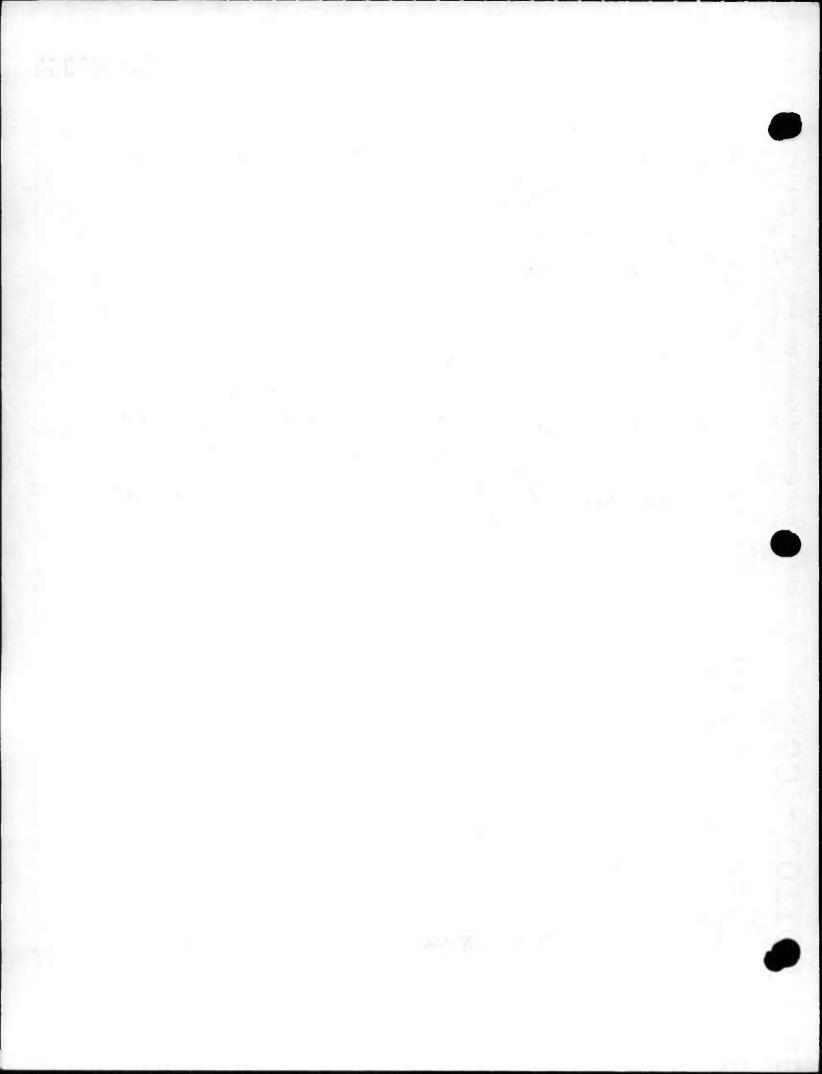
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

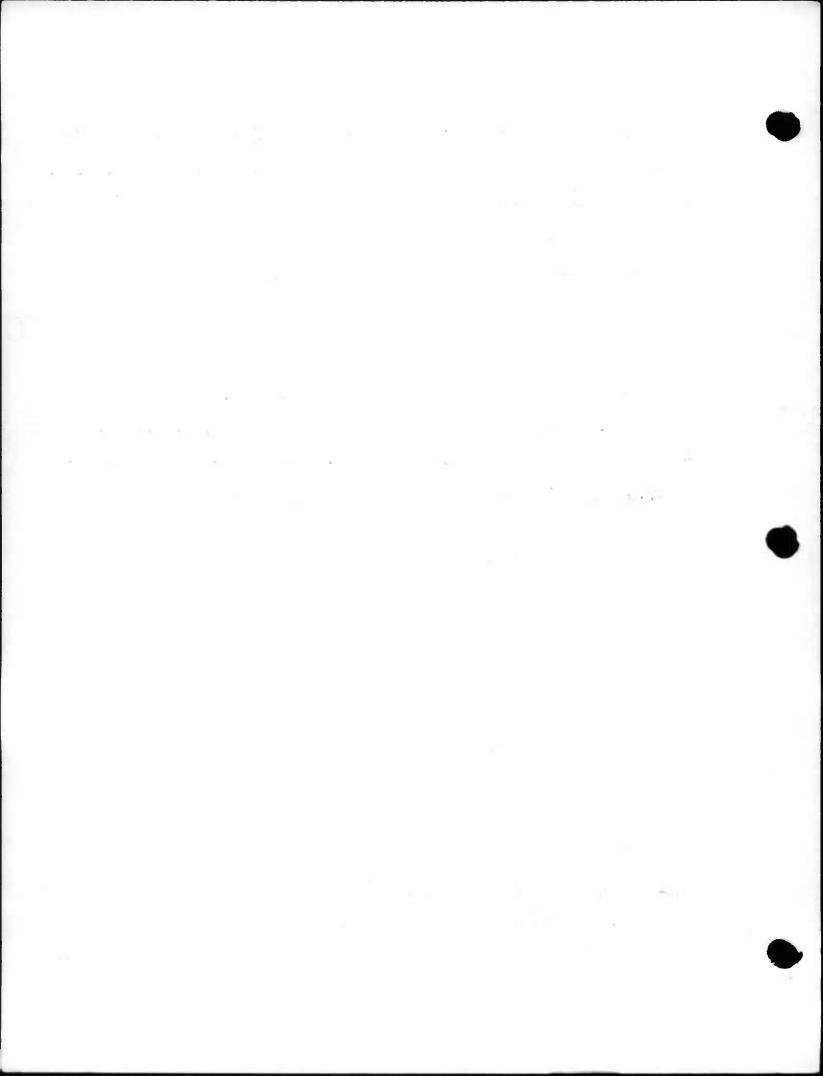
	REGISTRAR		CE	THE	ICALE	. Ur	DEA	III	HI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Frances B. Timmons								June 2	PEATH PA	ŏan.	YEAR	3. TIME OF DEATH 8:00 A.M.M
							1						
	4. SOCIAL SECURITY NUMBER 215-36-2106	5. SEX 6. AGE (In yra. last birthday) 1 M 2 XF 88 YRS.				DAYS	HOURS	MIN.	7. DATE OF B (Month, Day Sept.	9 1	901	901 Maryland	
	9a. FACILITY NAME (If not institution, give sti	reet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATN		9c. COU	NTY OF D	EATH
OR	10833 St. Martin's	Neck Ro	oad		Bish	opv	ille				Word	este	er
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			100 CIT	Y. TOWN O	B LOCAT	104						10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland Worces	ster			nopvi		ION						LIMITS?
RAL	100. STREET AND NUMBER 10833 St. Martin's	Neck Pa	ad				. ZIP COD	E			USA		WHAT COUNTRY?
쀨	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	12.1			E MICDANI	C ORIGIN? (Sp	andhi Van			E — American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 XN		ŧ	f yes, sp	ecify Cube		, Puerlo Rican			Spec	k, White, etc.
	15. DECEDENT'S EDUC				USUAL OC				16b. KIN	D OF BUS	SINESS/INC	USTRY	
山	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT us	se retired.)	JUNNY III	St Or WORK	No.					
립	7		Home	emake	er				Own	Hom	e		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NAM	AE (First, Middle	a, Maiden	Sumame)		
0	Elisha Bunting						A	lmira	Bunt:	ing			
BE	19a, INFORMANT'S NAME (Type/Print)		198	, MAILING	ADDRESS	(Street a			bute Number, C		n. State. Zir	Code)	
5	Josiah E. Timmons	Jr.	P	.0.	Box 3	341,	Bis	hopvi	11e, 1	Mary	land	218	813
Н	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	oval from State	Bisho	of dispos pvil	le Ce	me of co	netery, crer ery	natory or			hopvi		, Maryland
	21. SIGNATURE OF FUMERAL SERVICE LIC	ENSEE	2		22.1	NAME A	ND ADDRE	SS OF FAC			_		al Home laware 1997
	Guig W	vine.	7			.0							
	23. PART I. Entar tha diseases, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final	List only one ca	use on each lina										Approximate Interval Between Onset and Death
	disease or condition Shack - ? 20 10 acute Blood Lors Due to (OR AS A CONSEQUENCE OF):									stem 210			
Z	Samuelally list conditions C b.												
ATIC	if any, leeding to immediate cause. Enter UNDERLYING	IF):											
EDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
H	d												
7									b. WERE AUTOPSY FINDINGS				
5	RA Oro	ianic H	sod Dis	scar	٥					PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
ā	-	3							- 11	YES 2	NO NO		OF DEATH?
Σ	-								-				1 TES 2 NO
Z													
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF C	DEATN (Che	eck only one)				
S	1 TYES 2 NO		☐ ER/Outpatient 3	□ DOA	4 🗆 Nun	sing Nor	10 5 € R	esidence	6 Other (Sp	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY						JURY AT ORK? YES 2 [□ NO	28d. DESCRI	BE NOW	INJURY OC	CURED	
	2 Accident investigation 3 Suicide 6 Could not be datarmined 26s. PLACE OF INJURY — At home, farm, street, factory, or building, stc. (Specify)						:0		281. LOCATIO City or To	N (Street own, State)	and Numbe	r or Rural	Route Number,
Ш	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the heat o	d my knowledge de	oth conve	and at the t		and also		to the source) and ma			
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE						95.	ZG6				re signe	O (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH		0 1 1										
Q		ntt Ba	3	nec	12 4	ar	540	11					
8	JUN 2 7 '90	32. REGISTA	AR'S SIGNATURE										



permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the desart certificate be executed within 2 months after bearing the mospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN REG. NO				
,	1. DECEDENT'S NAME (First, Middle, Last)	JOYCE	70/80	LLEY		2. DATE OF DEATH MONTH D.	. 129	3. TIME OF DEATH		
	579-46-1038	□ M 2 😿 F 5	8 YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/9/31	a. W	BIRTHPLACE (State or Foreign Country) ash. D. C.		
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street RESIDENCE OF DECEDENT	erst/	185p	0	R LOCATION OF DE	ATH	9c. COUNTY	n to goney		
DIRE	Maryland Monte	gomery		own or locat				10d/INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
NE'B	1206 Briggs Char				20905		US			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	, WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe		IC ORIGIN? (Specify Yen, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify:		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com		16a. DECEDENT'S US (Give kind of work	done during mo		18b. KIND OF BU				
J.	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	Homema			Own	home			
OM	17. FATHER'S NAME (First, Middle, Last)			1101	18. MOTHER'S NAI	ME (First, Middle, Maiden				
BE C	Wert	Ellin			Adeli	ne V. So	uder			
10 B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		71		
	William R. Tolle		L PLACE OF DISPOSITI					Md. 20905		
	Burial 2 Cremation 3 Removal Donation 5 Other (Specify)	from State S	t. Marks	Epis	. Churc	h Cem.	Fairl	and, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENS HAROLD M	DAY		22. NAME AN DULK 25	DADDRESS OF FACE FLOWER FLOWER	Unetal: USF. N. I	Horsel Whe	h. D.C. 20012		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List pniy one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF 06ATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one)				
YSIC		OSPITAL: ER/Out	petient 3 DOA 4	THER: Nursing Horn	e 5 🗆 Raeldence	8 Other (Specify)				
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WC	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJURY building, etc. (Spe	f — At homa, farm, atre			28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
COMPLETED	(Crieck only	N: To the best of my know						ause(a) and manner ea stated.		
E C	295. SIGNATURE AND TITLE OF CERTIFIER			_	29c. LICENSE NUI	WBER	29d. DATE S	IGNED (Month, Day, Year)		
TO BE	and (apara	Sout	2	1009	975	Ju	149 1990		
-	John S. Rogers	, 1919 Se	eminary		Silver	Spring.	Mary	land		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAB'S SIGN	NATURE PRINCESS				- Tite			



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	consers on effectivity Paint The last median that the dark and finds he evented within
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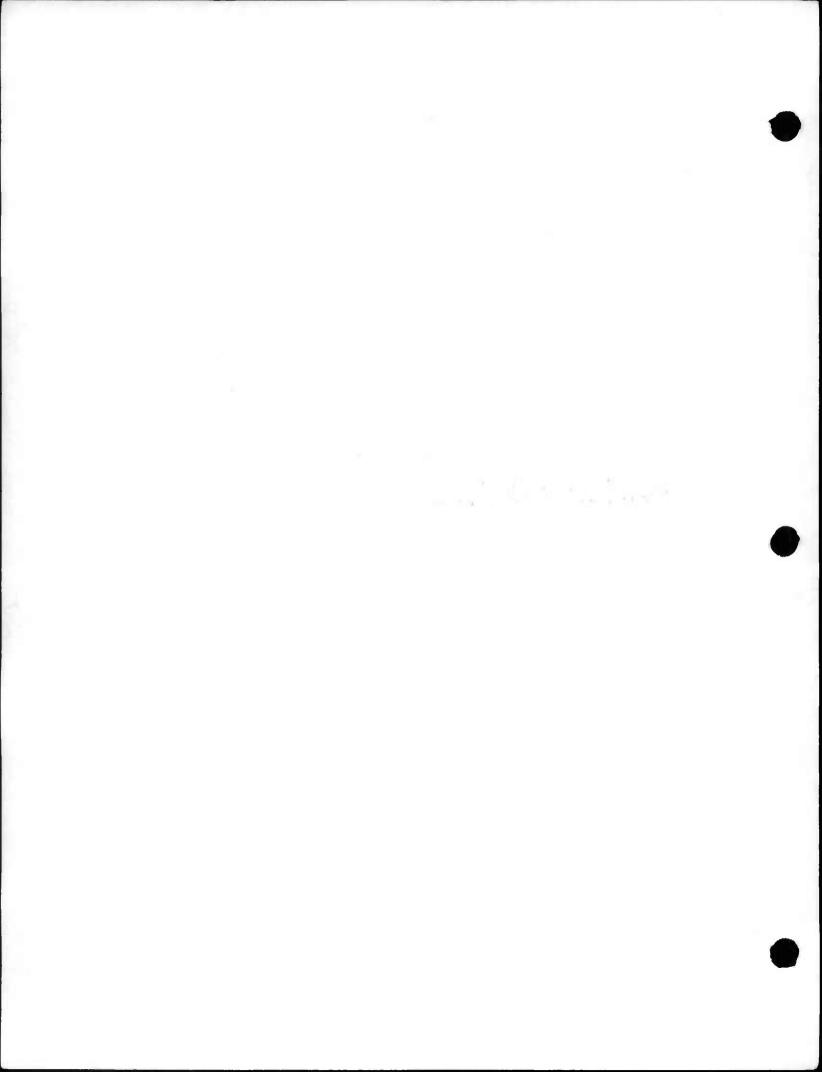
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the investigation.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. с- nours after death. Page 6 may be retained by the hospital or attending physician. 12

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

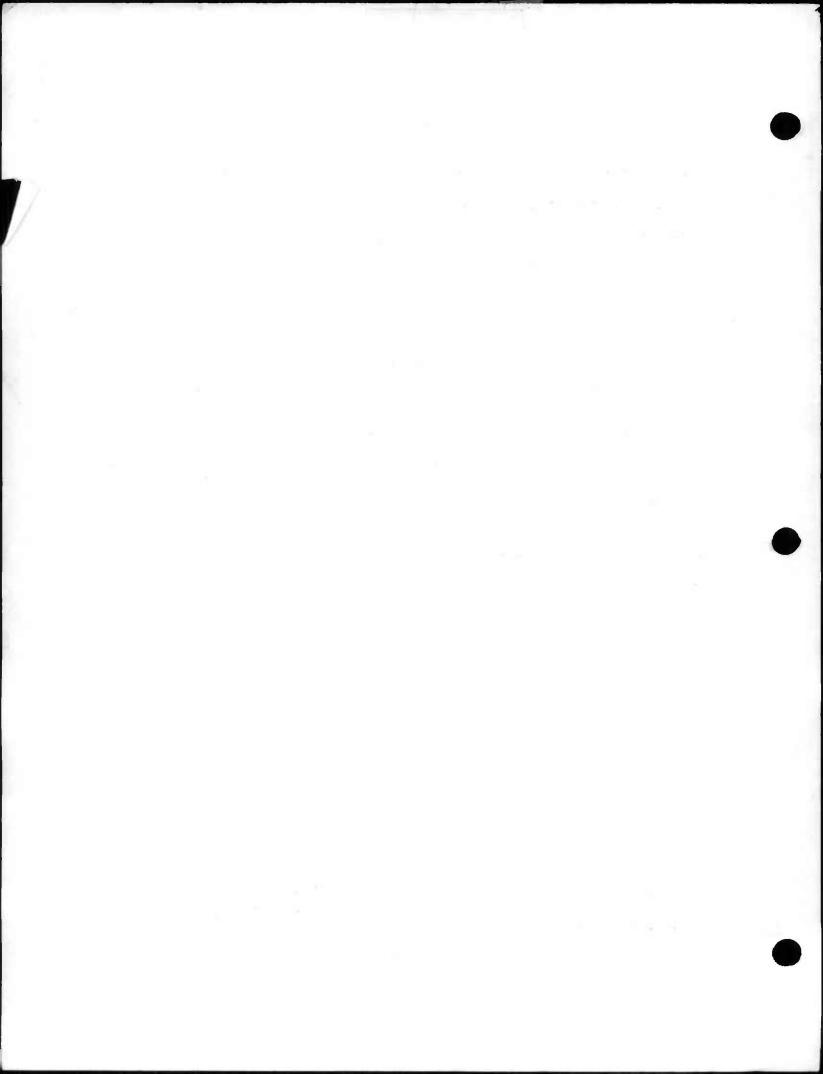
	FOR STATE REGISTRAR		STATE OF MARYL				EALTH AND I	MENTA	L HYGIENI			
	1. DECEDENT'S NAME (First, M		Lillian H.	Teays	,			2. DATE	OF DEATH		EAR 3	R: 30 f M
	4. SOCIAL SECURITY NUMBER					1 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		-	ACE (State or Foreign
	492-03-3841 9a. FACILITY NAME (# not insti		1 M 2 F	79 YR		DAYS	HOURS MIN.	8	th, Day, Year) - / U - [0	9c. COUNTY	Country) Mi	ssouri
TOR	Greenbelt N					eenb						eorge's
DIRECTOR		Ob. COUNTY	e George's		cıry, town Freenb		TION					0d. INSIDE CITY LIMITS? XYES 2 NO
	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?
ER/	2 Lakeside	Drive					20770			U.S	.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 M 3 Wildowed 4 Divorce	arried	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 - NO		If yes, sp	ecity Cuban, Mexica 2 NO Specifi	in, Puerto		or No — 14	Black, Specify:	- American Indian, Whita, etc. White
	15. DECEL	ENT'S EDUCA	TION	16a. DECEDEN	T'S USUAL C	CCUPATIO	ON	16	b. KIND OF BUS	INESS/INDUS	TRY	
Fi.	(Specify only in Elementary/Secondary (0-1)	nighest grade co	College (1-4 or 5+)	life. Do NO	of work done IT use retired.)	uunng mo	ist or working					
COMPLETED	12			Homema	aker				Own Ho	me		
Ö	17. FATHER'S NAME (First, Midd	fie, Last)					18. MOTHER'S NA	31		Surname)		
BE (William Bli						Hermin					
70	19a. INFORMANT'S NAME (Typ	e/Print)					and Number or Rural			, State, Zip Co	ode)	
	Terry J. Te						., Green	ibelt		20770		
	20e. METHOD OF DISPOSITION \$\frac{1}{2}\text{ Buriel } 2\text{ Cremettory or of ther (Specify)} \tag{20c. LOCATION - City or Town, State} \text{ San Jose, CA} \tag{20c. LOCATION - City or Town, State} \text{ San Jose, CA}											
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE		22	NAME A	ND ADDRESS OF FA	CILITY	- T-			
	Mai)	0.	& Malla		JJC	sepr	l Gawler	S 50	ons, in	china	ton	D.C.20016
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST List only one cause on each line. Debility of disease and age Onset and Desth Oue To (on as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of):											
PHYSICIAN: MEDICAL C	PART II. Other significan	t conditions	contributing to death b	out not resulti	ng In the u	nderlyln	g cause given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
A	25. WAS CASE REFERRED TO	MEDICAL				26. P	LACE OF DEATH (C)	heck only o	one)			
SIC	EXAMINER?		HOSPITAL: 1 Inpetient 2 ER/Outp	patient 3 DO	A 4 TA	A: Insing Hon	ne 5 🗆 Residenca	s 🗆 Oth	er (Specify)			
¥	27. MANNER OF DEATH		28a. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF	28c. IN.	JURY AT ORK?	7	SCRIBE HOW I	NJURY OCCU	RED	
ВУР	1 Natural 5 P	ending vestigation	(MOIRI, Day, Iour)		M		YES 2 NO					
	3 Suicide s C	3 Suicide S Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)							ute Number,			
TO BE COMPLETED	one) 2 MEDIC	PERSON WHO		and/or investigation and/or investigation and/or investigation and	pation, in my	opinion, d		time, da	ta and placa, an	d due to the	cause(a)	and manner as stated.
	JUL O		Lulia Day	idam Pr	nda 00							



	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR				CENTIF	ICALL	UF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First,	HOWE	WE THOMAS, JR.				MONTH				3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX			. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE O				4:10 M	
				68	YRS.	MONTHS	B DAYS HOURS MIN. (Month, Day, Year) APRIL 2			1922 ILLINOIS		LLINOIS	
۳ ا	90. FACILITY NAME (If not ins			CENTER		9b. CITY		OR LOCATION OF D	DEATH			TGOM	
5	NATIONAL I			OBNIE							11011	T	
DIRECTOR	VIRGINA	FAI	RFAX		10c. CIT	y, town o	LEAN						10d. INSIDE CITY LIMITS? 1 YEE 2 NO
FUNERAL	100. STREET AND NUMBER 8204 DUNS	SINANE	COURT				101	1. ZIP CODE	2102				STATES
BY FUN	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 MAY 1942	T EVER IN U.S. YES 2 MAR OR DATES	□ NO		If yes, sp	CENDENT OF HISPA ecity Cuben, Mexic 2 NO Spec	can, Puerto Ri		or No	Black	- American Indien, White, etc.
		EDENT'S EDU		16a	DECEDENT'S	USUAL O	CCUPATIO	ON ast of working	16b. I	KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondery (0-	1	College (1-4 or 5	+)	(Give kind of the Do NOT us					DEFE	NSE		
ŏ	17. FATHER'S NAME (First, Mi	ddle, Last)		!				16. MOTHER'S N	IAME (First, Mi	ddle, Malden	Surname)		
BE C	JOHN HOWE	THOMA	.S					HALL	IE GRA	CE HA	STIN	GS	
면 인	19e. INFORMANT'S NAME (T)	rpe/Print)			19b. MAILING	ADDRES	S (Street a	and Number or Rura	l Route Numbe	r, City or Town	n, Statu, Zip	Code)	
F	ELSIE H. TH				8204	DUN	SINA	ANE COUR	T, MCI				
	20a. METHOD OF DISPOSITION 1 N Buriel 2 □ Cremetion	n 3 🗆 Rem	oval from State		ACE OF DISPOS or place)	SITION (N	ame of ce	metery, crematory or		20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		PENGEE	Ar1	lington	Na:	tion	al Comet	ery	Ar	Lingt	on,	VA
	4		Naccu						M	urphy	Fune	eral	Home VA 22046
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel dieeeee or condition resulting in death) PULMONARY EMBOLT Due to (or as a consequence of): b. Due to (or as a consequence of): b. Due to (or as a consequence of): CAUSE (Diseese or injury that initiated events Due to (or as a consequence of):												
ᆵ	resulting in deeth) LAS		d										
MEDICAL (PART II. Other eignificent conditions contributing to deeth but not resulting					in the u	nderlyin	g ceuse given i		24a. WAS AN PERFOR 1 XYES 2	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
3	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:	- 121. 1975/1	S	OTHE	R:	LACE OF OEATH (-	
2	1 YES 2 NO		1 Nnpatient 2	FINJURY	28b. TIA	E OF	28c. IN-	ne 5 Residenc		(Specify)	NJURY OC	CURED	
BY PHYSICIAN:		Pending Investigation	(Month, i	Day, Year)	IN.	JURY M		YES 2 NO					
	III a					street, fac	ctory, offic	ce .		TION (Street of Town, State)	and Number	r or Rural f	loute Number,
COMPLETED	(Criech Urily		ICIAN: To the best of) and manner es stated.
S I	29b. SIGNATURE AND TITLE	OF CERTIFIE			-			29c, LICENSE N	UMBER		29d. OAT	E SIGNED	(Month, Day, Year)
10	DBIL	him	in in	N				D-373	37		► C	7-	05-90
٩	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAL	SE OF DEATH	(ITEM 27) (Type	, Print)	NA	ATIONAL		MEDIC	CAL C	ENTE	R
			LCDR, MC				В	ETHESDA.	MD 20	0814-5	011		
	31. DATE FILED (Month, Day.	10ar)		AR'S OIGNATU		7.00							





Law

18. MOTNER'S NAME (First, Middle, Maiden Sumeme)

Felice Conte

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

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BALTIMORE, MARYLAND 21203-314	D'	the	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR

10a STATE

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

1 -

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

marked,

TO THE FUNERAL DIRECTOR: Aft be filed within 72 hours after des IMPORTANT: If Item 28 is n

223

HOSPITAL

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

6

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

JUL 1 2

EFI

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

13 Theo Lane

13 Theo Lane

3 Widowed 4 Divorced

Elementary/Secondary (0-12)

17. FATNER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

George A. Townsend

College (1-4 or 5+) 5+

218-28-7996

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 8:05 P M John Melville Townsend July 8 1990 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign DAYS HOURS 1X M 2 | F 58 YRS May 21, 1932 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Towson Baltimore RESIDENCE OF DECEDEN 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2 NO Towson 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21204 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

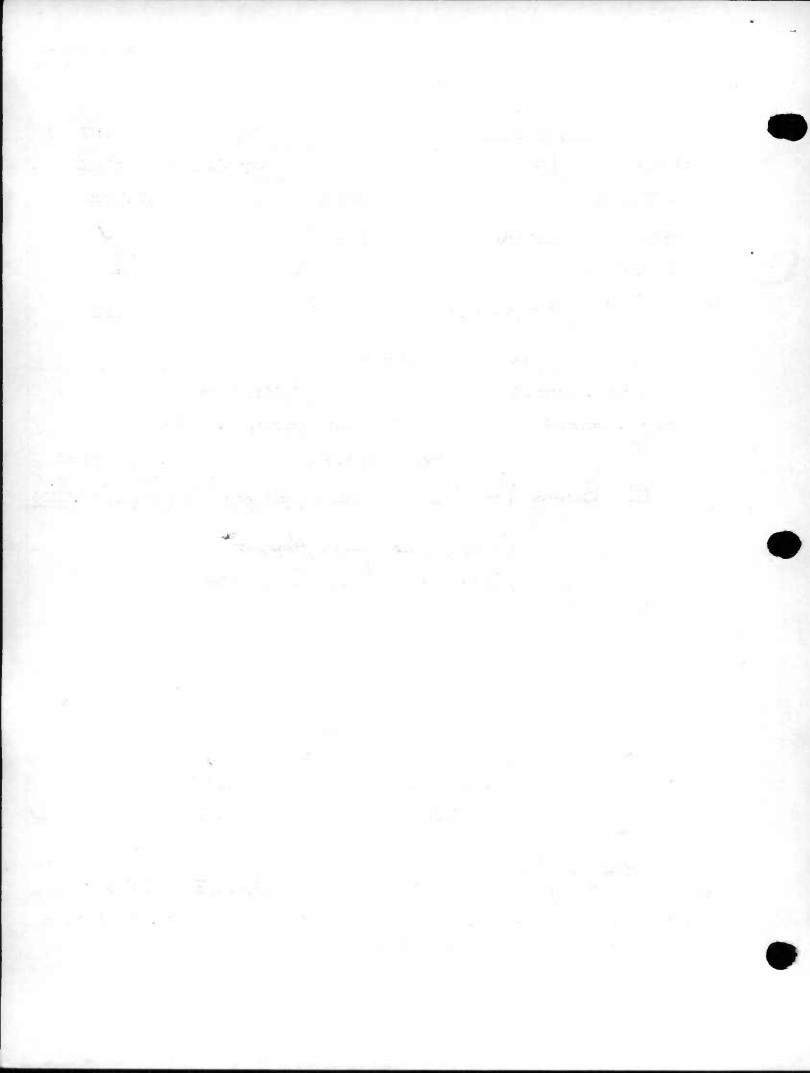
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whita, etc. FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1952 - 1955 1 Never Married 2 X Married Specify: White 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp

Kathy M. Townsend 13 Theo Lane Towson, Md. 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 🖟 Cremetion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION -- City or Town, State 4 Donalion 5 Other (Specify) Carroll Cremation Hampstead, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. our Eline Funeral Home Reisterstown, Md.21136 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition_ ARDIO MONARU resulting in death) DUE TO (OR AS A CONSEQUENCE OF) ETASTATIO Sequantially list conditions, TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? **AWAILABLE PRIOR TO** COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 Residence 8 ☐ Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT ____ 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY --- AI In 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred of the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the in and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TULL OF CLY 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

Randell

wha Davidson

Attorney



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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	lac And		Homas C.			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	LES Hoor		F UNDER 1 YEAR IF UNDER 24 HRS	July 7	199	NRTHPLACE (State or Foreign
ı	577-10-1444	1 M 2 🗆 F	73 YRS. M	DAYS HOURS MIN.	Nov. 24.1	0	ountryWashingtor
OR	9a. FACILITY NAME (If not institution, give at	y Med. Con	Lex	BALLS. MS	DEATH	9c. COUNTY	OF DEATH
ב	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		the CITY	TOWN OR LOCATION			10d. INSIDE CITY
DIRECTOR	11/10	e Arundel	100.0171,	Edgewater			LIMITS? 1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
EB	1744 Havre de	Grace Driv	e	2103	37	U.	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF HIS It yes, specify Cuban, Max		s or No— 14.	RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 W Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES 2 NO Spe			Specify: White
ED	15. DECEDENT'S EDU		16a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BU		
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	fife. Do NOT use	k done during most of working etired.)			
1	12	-321	Lab Te	chnician	Civi	1 Ser	vice
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maiden	Surname)	
	Unknown			Ur	known		
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street and Number or Ru		n, State, Zip Coo	(e) 21037
5	Ronald A. Thom	128	1744 1	lavre de Gra	ce Drive.	Edge	
	20a, METHOD OF DISPOSITION	201	. PLACE OF DISPOSIT	ION (Name of cemetery, crematory		CATION - City	
- 3	1 XBurial 2 Cremetion 3 Rem	oval from State	Hone Ch:	apel Cemeter	Ed c	ewate	r MD
(21, SIGNATURE OF FUNERAL PERVICEAGE	ENSEE /	more on	22. NAME AND ADDRESS OF	FACILITY		1, 112
1	Harroll L	1.11		Taylor Fund			
_	DIVIOUN X	sugger					lis,MD 21401
	23. PART I. Enter the diseases or of ahock, or heart fellure.	complications that cause List only one cause on a		antar tha mode of dying, a	uch es cardiac or resp	iratory errest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	/					Onset end Daath
	disease or condition reaulting in death)	· CARDIORE	PIRATORY	ARREST			10 mins
		DUE TO (OR AS	A CONSEQUENCE OF):				
Z	Commentation line and distance	" RENAL!					DAYS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF):		1,0000000	o Da	2011-
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	a ISCHEMIC		SYNDROME	MACHEMI	C Bec	EMC + DWS
F	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
ER	resulting in death) LAST	d					
	PART II. Other algolificant condition	na contributing to death (out not reaulting in	tha undariving causa givan	In Part I. 24a. WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S				, ,	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	-	-			1 YES	2 NO	OF DEATH?
Σ							1 TYES 2 NO
Z.							
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH OTHER:	(Check only one)	-	
YS	1 YES 2 NO	1 inpetient 2 ER/Out		☐ Nursing Home 5 ☐ Residen			
F	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WORK?	26d. DEŞCRIBE HOW	INJURY OCCUR	ED
BY	1. Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			
	3 Suicide 6 Could not be	26s. PLACE OF INJUR' building, stc. (Spe	Y — At home, ferm, atr ocify)	eet, factory, office	26t. LOCATION (Street City or Town, State		Rural Route Number,
ETE	4 Homicide detarmined						
	29a, CERTIFIER				due to the cause(s) and me	nner sa stated.	
7		ICIAN: To the best of my know	viedga, death occurred	at the time, date and piece, and			
OMPLI	(Check only			In my opinion, death occured at			suse(s) and manner as stated.
	(Check only one) 2 MEDICAL EXAMINE	ER: On the basis of examination		in my opinion, death occured at	the time, data and place, a	nd due to the co	
BE COMPLETED	(Check only	ER: On the basis of examination			the time, data and place, a	nd due to the co	GNED (Month, Day, Year)

FRANCIS

AMSON

32. REGISTRAR'S SIGNATURE

OMA

31. DATE FILED (Month, Day, Year)

SCOTT

KEY MEDIVAL CENTER AN

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be secured within To THE FUREXIDERAL DIRECTOR: After the scritificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dest. of Health and Merital Hypiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any state death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	OF VITAL RECORDS, P.O. BOX 13146,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho has a find within the State Debt. of Health and Mental Hypiene prior to burial, cremation, or removal.
	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE EG. NO.		
DECEDENT'S NAME (First, Middle, Las	ın Aken			2. DATE OF D MONTH	y 5, 19	9 OYEAR	3. TIME OF DEATH 8:00 A. M	
SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH Year)	Country	PLACE (State or Foreign
70-18-5384	1XXM 2 □ F	68 YRS.			Nov. 2	8, 1921	Mich	igan
FACILITY NAME (If not institution, giv		9		OR LOCATION OF DE	EATH	9c. CC	UNTY OF DI	
9344 Chu	ildacrest Dr.		В	oonsboro			Wash	ington
a. STATE 10b. COU		10c. CITY, 1	TOWN OR LOCA	ation sboro				10d. INSIDE CITY LIMITS? 1 YES 2 W NO
. STREET AND NUMBER	ostrong-con			01. ZIP CODE		10g. C	ITIZEN OF W	THAT COUNTRY?
9344 Child	dacrest Dr.			21	1713		и.	S.A
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Y YES IF YES, GIVE WAR OF	2 NO	If yes, s	CENDENT OF HISPAI specify Cuban, Maxica is 2 NO Specif	an, Puerto Rican	ecify Yes or No-	Speci	
15. DECEDENT'S E	DUCATION WW I	16e. DECEDENT'S US	SUAL OCCUPAT	TION	16h KINI	D OF BUSINESS/I		White
(Specify only highest gri	College (1-4 or 5+)	(Give kind of wor	rk done during n	nost of working	TORK PART			
Ciementary secondary (0-12)	Conege (1-4 or 5+)	Engi	neer		Enai	neering	Plan	t
FATHER'S NAME (First, Middle, Last)	STATE OF THE STATE			18. MOTHER'S NA				
Arthur	Edward Van Ak	en		Hele	en New	man		
. INFORMANT'S NAME (Type/Print)			DDRESS (Street	and Number or Rural			Zip Code)	* 3
Martha Jane Var	ı Aken	9344 C	hildac	rest Dr.	Boonsb	oro.Md.	2171	3
. METHOD OF DISPOSITION		b. PLACE OF DISPOSIT				20c. LOCATION		
☐ Burial 2 ☐ Cremation 3 ☐ R ☐ Donation 6 ☐ Other (Specify) _	amoval from Stata	Smiths b	wrg Cr	ematory		Smiths	burg.	Md.
SIGNATURE OF POWERAL SERVICE	LICENSEE	ino		and address of FA	Va	vis Fun sburg,M		
equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury set initiated events saulting in death) LAST	b	A CONSEQUENCE OF:	(Jaice unde ter	uned	James C	~)	j roga
ART II. Other algnificant condi	d. Itona contributing to death	but not reaulting in	the underly	ing cause given in		WAS AN AUTOPS PERFORMED?	SY 24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER: 4 - Nursing H	ome 5 A fissidence	6 Other (Sp	ectly)		
MANNER OF BEATH	28s. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c. I	NJURY AT WORK?	26d. DESCRI	BE HOW INJURY	OCCURED	
1 Natural 5 Pending 2 Accident Investigation		11430		YES 2 NO				
3 Suicide 8 Could not 4 Homicide determined	be 28e. PLACE OF INJUR	RY — At home, ferm, streedly)	reet, factory, of	fice	281. LOCATIO City or To	N (Street and Num wn, State)	nber or Flural	Route Number,
CONSTRUCTION OF THE STATE OF TH	HYSICIAN: To the best of my known MINER: On the basis of examinat							s) and manner as stated.
b. SIGNATURE AND TITLE OF SERT	trau mo			29c, LICENSE NU	JMBER	29d. I	DATE SIGNED	(1900 pay, Year)
o, NAME AND ADDRESS OF PERSON Samuel Chan 118				0 21740		· · · · · · · · · · · · · · · · · · ·	11	
DATE FILEO (Month, Day, Year)	32. DEGISTRAR'S SIG		•					

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2	executed	and have
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DIVISION OF VITAL RECORDS, F.O. BOX 13140	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	1 1 1 1 1 1 1 1 1 1
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	OSPITAL	

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Stephen

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Zamburs after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 shou	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HO	THE FU	be filed wit	MPORTA	l

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 90 XEAR Wade , Sr. Marshall $P_{\,\,\text{\tiny M}}$ John 6 9:04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) S. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH , Day, Yea 25 MONTHS DAYS HOURS 215-05-4638 1 🔀 M 2 🗌 F 11 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital Easton Talbot DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 - YES 2 NO Talbot Cordova 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE Rt 1 Box 610 21625 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: Specify: BY 3 Widowed 4 Divorced white ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple farm Elementary/Secondary (0-12) College (1-4 or 5+) farmer/mechanic COMPL 10 agriculture/equipment 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Wade Louise Lowenson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Alice R. Wade Box 610 Cordova, MD 21625 20a. METHDO OF DISPOSITION 6/26/90
1 N Burlal 2 Cremetton 3 Removal from Stata 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 4 Donation 5 D Other (Specify) Cordova, MD Pauls Cemetery 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Newnam Funeral Home MERCERO JOHN Easton, Maryland Approximate 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory erreet, Interval Betwee ahock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final disease or condition_ lelostille YRS cal recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in daeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY PHYSICIAN: MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES TO NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 | YES 27 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 3 ng Home 5 - Residence 8 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28c, INJURY AT 28h. TIME OF Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner so stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE -24 -23

el

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

32. REGISTRAR'S SIGNATURE

Rt

3 Box 106 Easton MD 21601

M.D.

CArney,

AN THE P. P. P. W. T. T.

funeral director, page 5 should

completely filled in by the ral, cremation, or removal.

31. DATE FILED (Month, Day, Year) '90 q

1 67	filled on,
within	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, u
uted	com inal, d
ехес	to be
pe pe	iclar
ficate	phys
certi	ding
eath	aften
he d	The The
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6 3	has De
F	ate
SIAN	be S
XSIC	ith t
PH	日本
DING	Afte
TEN	TOR:
R AT	REC URS S
L DI	100
PITA	ERA P 72
HGS H	NIT.
THE	THE
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR right TOXIR TWY 1990 7. DATE OF BIRTH (Mogat), Dey, Year) 4. SOCIAL SECURITY NUMBER 8. AGE (In ym. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-18-8912 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Wicomico Salisbury, MD Peninsula General _Hospital 10a. STATE 10c, CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Mai EdEN 00 Mico 1 YES 2 NO FUNERAL 100. STREET NUMBER INC. 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? 2/822 U,SA. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried Specify: BIK IF YES GIVE WAR OR DATES 1 YES 2 -NO Specify: BΥ 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION sectly only highest grade complete 16h. KIND OF BUSINESS/INDUSTRY (Sn Elementary/Secondary 0-12) College (1-4 or 5+) HOUSE Wife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mills 0 16 08 AN Ħ BE notified 19b. MAILING ADDRESS (Street 190. INFORMANT'S NAME (Type/Print) r, City or Town, State, Zip Code) 2 KIAH 21822 HAMILTON must be 20c. LOCATION + City or To 20e. METHOD OF DISPOSITION
1 Buriel 2 Cremetion PLACE OF D 3 - Removal from State BUCN BMBTER on 8 Other (Specify) examiner 21. SIGNATURE OF FUNDINAL SERVICE LICENSEE 22_NA AND ADDRESS OF FACILITY 86K5 Mte Dussell 21881 74 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac Approximate shock, or heart failure. List only one cause on each line. interval Between **Onset and Desth IMMEDIATE CAUSE (Final** the disease or condition 2/010 event, resulting in death) DUE TO (DR AS A CONSEQUENCE OF) Severe traumatic emia CERTIFICATION Sequentielly list conditions, if eny, leeding to immediata DUE TO (OR AS A CONSEQUENCE OF). ceuse, Enter UNDERLYING CAUSE (Disease or injury shows any injury, or other DUE TO (Of AS A CONSEQUENCE OF that initiated events recuiting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY. MEDICAL AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA g Home 5 - Residence 6 - Other (Specify) 4 - Nursi 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY marked. 1 Natural 5 Pending 1 YES 2 NO ВУ Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28 Is 6 Could not be datermined COMPLETED 4 Homicide If Item 29e. CERTIFIER

(Chank ank)

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion 29b. SIGNATURE AND TITLE OF CENTURE 29d, DATE SIGNED (Minm. Day, Year) BE 90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Deepak Saggar

DHMH-16 Rev 1/89

 BALTIMORE, MARYLAND 21203-3146

FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-nours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

20

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

•	1 - STATE REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO).	
i	1. DECEDENT'S NAME (First, Middle, Last)		100	4		2. DATE OF DEATH MONTH D	MY YEAR	3. TIME OF DEATH
i	HELEN THO	ERESA	WISH	NIA		7 8		1146 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	NGE (In yrs. last birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month) Day, Year)	Co.m.	HPLACE (State or Foreign
	129-05-1699	1 M 2 K-E	フ/ YRS.	MONTHS DAYS	HOURS MIN.	9/14/		YORK
5	90. FACILITY NAME (If not institution, give st HOLY CRUJSHOSP			S. ZUGY	OR LOCATION OF DE	W G	MONTO	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c (TTY, TOWN OR LOCA	TION			10d, INSIDE CITY
DIRECTOR	MD Mon;	Bumer		LVER.	PRING			LIMITS?
LONERAL	9728 Admi	rality	Drive	1	70910		10g. CITIZEN OF USA	WHAT COUNTRY?
	11. MARITAL STATUS t Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2X NO	If yes, s		NIC ORIGIN? (Specify Yes, Puerto Rican, etc.)	Blac	CE — American Indian, ck, White, etc.
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind	"S USUAL OCCUPAT of work done during in use retired.) A 1/ 1/ 1/ D	ION oat of working	16b. KIND OF BU	ISINESS/INDUSTRY	
Σ			HOMEN	AKEK	Las MOZNESIO NA	ME (5 Made) 14.14	0.000	
- 11	17. FATHER'S NAME (First, Middle, Last) JOHN HODNET'	r				ME (First, Middle, Melder O MAHONEY		
	19a. INFORMANT'S NAME (Type/Print)	L	Too were	NO ADDRESS (Com-		Route Number, City or Tox		
2	EUGENE M. WISHNIA	(SON)	1	OCALA S.		LVER SPRIN		AND 20001
	20% METHOD OF DISPOSITION	(301)	20b. PLACE OF DISE				OCATION — City or 1	
į	1 Burial 2 Cremation 3 Remarks A Donation 5 Other (Specify)	ovel from State	other place)	MEMORIAI				
	21. SIGNATURE OF FUNERAL SERVICE LIC	PARENE	NORBECK		AND ADDRESS OF FA		LNEY, MAR	TLAND
) \	\sim			LLINS FUNE	ERAL HOME	E, INC.
	23. PART I. Enter the diseases, or o	make	ed by					R.,MD. 20901
	immediate cause (Fine) disease or condition resulting in death)	a. Wyoc cause of Due to (on b. Q V Tel)		P 147	andy	na)	. 1.100	Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	AS A CONSEQUENCE	OF):	Ca wrog	300 101		7-47
	PART II. Other significant condition	s contributing to der	ath but not resulting	g in the undarlyi	ng cause given in	Part I. 24s. WAS A	N AUTOPSY 2/	4b. WERE AUTOPSY FINDINGS
MEDICAL	provinonit	57				PERFO	PRMED? 2 NO	AMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
3	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (C)	neck only one)		
١	EXAMINER? 1 Des 2 No	HOSPITAL:	/Outputlent 3 🗆 DO/	OTHER:	me 5 🗆 Besidence	8 Other (Specify)		
PHTSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJ (Month, Day, Y	URY 28b.	TIME OF 28c. II	JURY AT /ORK?	28d. DESCRIBE HOW	INJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF IN building, etc.	JURY — At home, far			281. LOCATION (Street City or Town, State	t and Number or Rura e)	if Route Number,
<u> </u>	The state of the s							
COMPLE	(Creck only	ICIAN: To the best of my ER: On the basis of exami						e(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	B O DA	puty Mu	edical	29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)
	Quala Ver In	e hus	Exp.	-	Dal	252	1 75	7-90
2	ON NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	OF DEATH (ITEM 27) (1	Duelu	1 boung	Rel M	2 29.	>81
ŀ	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	114	VI 4 VI			/3.
	.nn 10'90	Julia Dav	idson Rande	02				

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Law Tours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

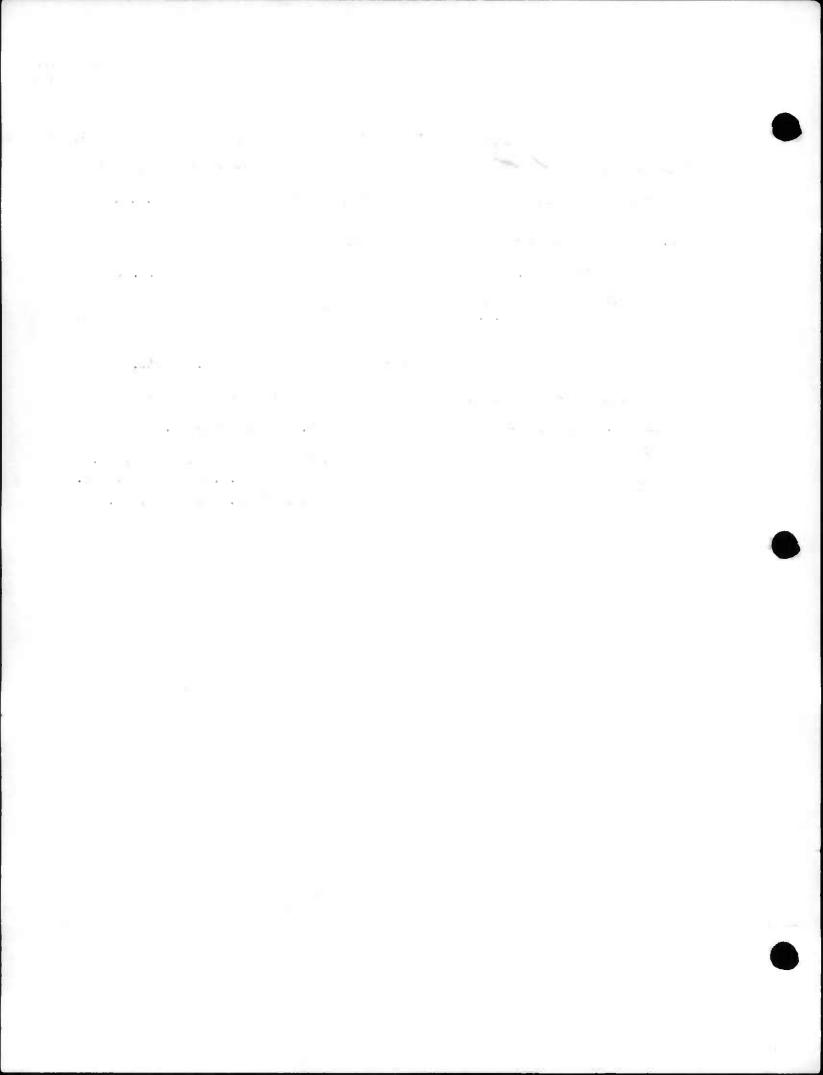
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

5+1

1	-	STATE REGISTE	AR
	1. 0	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	HEORITIAN									1160.110.			
,	1. DECEDENT'S NAME (First,	, Middle, Last)	c.i B	alph	C. W	ri oh	ıt.			2. DATE OF DEATH	W E	1990	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	. 4/	-1911	GE (In yrs. les		_	ER 1 YEAR	IF UNDER	0.4.11000	7. DATE OF BIRTH	3		1 B :: 3Q) IAM APLACE (State or Foreign
	217-44-057		15 M 25	86 (in yrs. ies	YRS.	MONTHS			MIN.	(Month, Day, Year) 12-8-190	2	Count	diana.
	9e. FACILITY NAME (If not in		eet and number)	- 00		9b. CIT	Y. TOWN	OR LOCATION	ON OF DE			INTY OF D	
œ	Suburba		,					hesda				U.S.	Α.
DIRECTOR	RESIDENCE OF DEC		72 0012				200	1100000				0.0.	
E	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOC	ATION					10d. INSIDE CITY LIMITS?
_	MD.		gomery			В		esda					1 M YES 2 NO
FUNERAL	10e. STREET AND NUMBER						1	10f. ZIP COO					WHAT COUNTRY?
崱		dfield						208				J.S.	
Ē	11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDENT EVE FORCES? 1 OXY	ES 2 N		13	If yes,	specify Cube	n, Mexice	NC ORIGIN? (Specify Yes m, Puerto Rican, atc.)	or No	14, RAC Blac	E American Indien, k, White, atc.
B	3 Widowed 4 Dive		IF YES, GIVE WAR O	R DATES			1 🗌 YI	ES 2 NO	Specify	γ:		Spec	White
		CEDENT'S EDUC			CEDENT'S			TION most of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondery (· ·	College (1-4 or 5+)	life.	. Do NOT us	se retired.	e during i	most or workir	rg				
를			5#		Atto	rne	У			Fed.	Go	vt.	
8	17. FATHER'S NAME (First, N	Aiddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)		
BE	Joseph		Wrigh						Mar		avan		
2	19e. INFORMANT'S NAME (Route Number, City or Tow			
-	Ingrid M.		enauer		10819					ensington,			
	20e. METHOD OF DISPOSIT 1 Burial 2-49 Crematic 4 Donation 5 Other	on 3 🗌 Remo	val from State	other pl	of dispo:			cometery, crea natory		1		city or To	own, State , MD .
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE	#67	10	22	2. NAME	AND ADDRE	SS OF FA	CILITY W.W.Ch			
	- Thomas	251	houles			- 1				rd Dr. Roci			
	23. PART I. Enter the d	liseeses, or c	omplications that cau	sed the da	eth. Do i								Approximate
	ehock, or h	neart failure. I	ist only one cause o							Δ)	,	,	Intarval Between Onset and Death
	IMMEDIATE CAUSE (Findiseese or condition	nal	PE	50.0	1-1	PL	,	FA	4	OPE-THE	5,10		_ A
	resulting in death)	,	DUE TO (OR	AS A CONSE	OUENCE O	F):		1	(6	O'CE TIME	-014	Phil	7.7
_			OUE TO (OR	GTEL	my	E	1	teal	2+	FAILL	PRE		
흔	Sequentially list conditions if any, leading to imms		(7)					11					
3	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	ARTER	35C	LER	0910	2	to a	27	DISE	150		
E	that initiated eventa resulting in deeth) LAS		OUE TO (OR	AS A CONSE	OUENCE O	F):							
CERTIFICATION	resulting in deeth) LAS	"	l										
	PART II. Other significa	ant condition	contributing to dea	th but not	reaulting	In the	underly	ing cause	given in			24	b. WERE AUTOPSY FINDINGS
EDICAL	ASPI	RATI	ON PA	EUM	100	1A	8			PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	350	10 By	14 - (TO E	55 1	VI C	CA	- WIN	BLE	ED(N)			OF DEATH? 1 YES 2 NO
Σ.	Roman	25	25-1-08	Su	VALL	B	11.18	5 0	ELE	270W			
AN	25. WAS CASE REFERRED		1			- 0	26.	PLACE OF E		neck only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO		HOSPITAL:	Outpatient 3	3 🗆 DOA	OTHI		lome 5 🗆 R	esidence	6 Other (Specify)			
ξ	27. MANNER OF DEATH		26e. DATE OF INJL (Month, Day, Ye	RY	28b. T/A	AE OF JURY		INJURY AT WORK?		28d. DESCRIBE HOW	INJURY O	CCURED	
ВУР	1 Natural 5 2 Accident	Pending Investigation	(Month, Day, 10			M		YES 2	NO				
	3 Suicide 6	Could not be	28e. PLACE OF IN. building, etc.		ome, ferm,	street, fr	ectory, of	ffice		28f. LOCATION (Street City or Town, State		er or Rural	Route Number,
1	4 Homicide	determined											
PLE	290. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the beat of my I	nowledge, d	eath occur	red at the	e time, d	lete and place	, end du	e to the cause(e) end me	nner ee s	lated.	
COMPLETED	ona)	DICAL EXAMINE	R: On the besie of examin	nation and/or	Investigati	on, In m	y opinion	n, death occu	red at the	time, date end place, er	nd due to	the cause	(e) end menner ee stated.
ш	296. SIGNATURE AND TITL	E OF GENTIFIER	10					29c. LIC	ENSE NU	MBER	29d. D/	TE SIGNE	D (Moght: Day, Was)
0	THE	2 mi	ella Y	11	2				92	-67	•	1/3	190
5	30. NAME AND ADDRESS O	OF PERSON WH	COMPLETED CAUSE O	F DEATH (ITE								1	/ /
	IRA MIL	LER	MD	8218	s h	1150	COL	N SIN	AV	E BETH	257	24.	MD 28810
	31. DATE FILED (Month, Day	(Year)	32. REGISTRAR'S	SIGNATURE						/		1	,
	JUL 0 6	'90	Julia Da	vidron-1	Randol	20							



permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		TO THE HUSPIAL DIT ALL ENDING PHYSICIAN: THE RAW REQUIRES THAT THE RAW REQUIRED WITHIN 24 THOUS AND DEADLES THAT DE REGINED BY THE HUSPIAN OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

Lulia Davidson

Frank J. Peretti,

JUL 0 9 '90

31. DATE FILEO (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATN 3. TIME OF DEATN DAY 90 Williams 4 12:50 P M Fitzgerald Anthony 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTN IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 1 X M 2 | F 577-88-9659 YRS May 26,1970 Washington, DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR Bethesda Montgomery Suburban Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE 10b, COUNTY Silver Spring 1 [X] YES 2 | NO Maryland Montgomery 10e. STREET AND NUMBER 10f. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? FUNERAL 20910 2415 Michigan Avenue United_States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or 14. RACE — American Indian, Black, White, etc. 2 XNO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: Specify BΥ 3 Widowed 4 Divorced **Black** ETED. 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Student College 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Samuel J. Williams Ann Martin BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Your, State, Zin Code) 2 Ann Martin-Williams 2415 Michigan Ave., Silver Spring, Md. 20910 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Rock Creek Cemetery Washington, D.C. 21, SIGNATURE OF PURERAL SERVICE LICENS 22, NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc. Um my 7400 Georgia Ave.N.W., Washington, ART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory arrest, Approximata shock, or haert fallure. List only ona ceuse on each line. interval Batween Onset and Death **IMMEDIATE CAUSE (Final** disease or condition Gunshot Wound of Abdomen resulting in death) DUE TO JOB AS A CONSEQUENCE OF CERTIFICATION Sequentially llat conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINGINGS PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE TYES 2 NO OF OFATH? 1 XYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 26d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 10:30A M 1 YES 2 NO subject shot 7/4/90 BY 2 Accident 281. LOCATION (Street and Number or Rural Rouse Number; 24 F3 or Man Sandan, Ave., Silver Sp Montg. Co., Mo. 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be COMPLETED 4 X Nomicide home 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated 2 🖄 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE

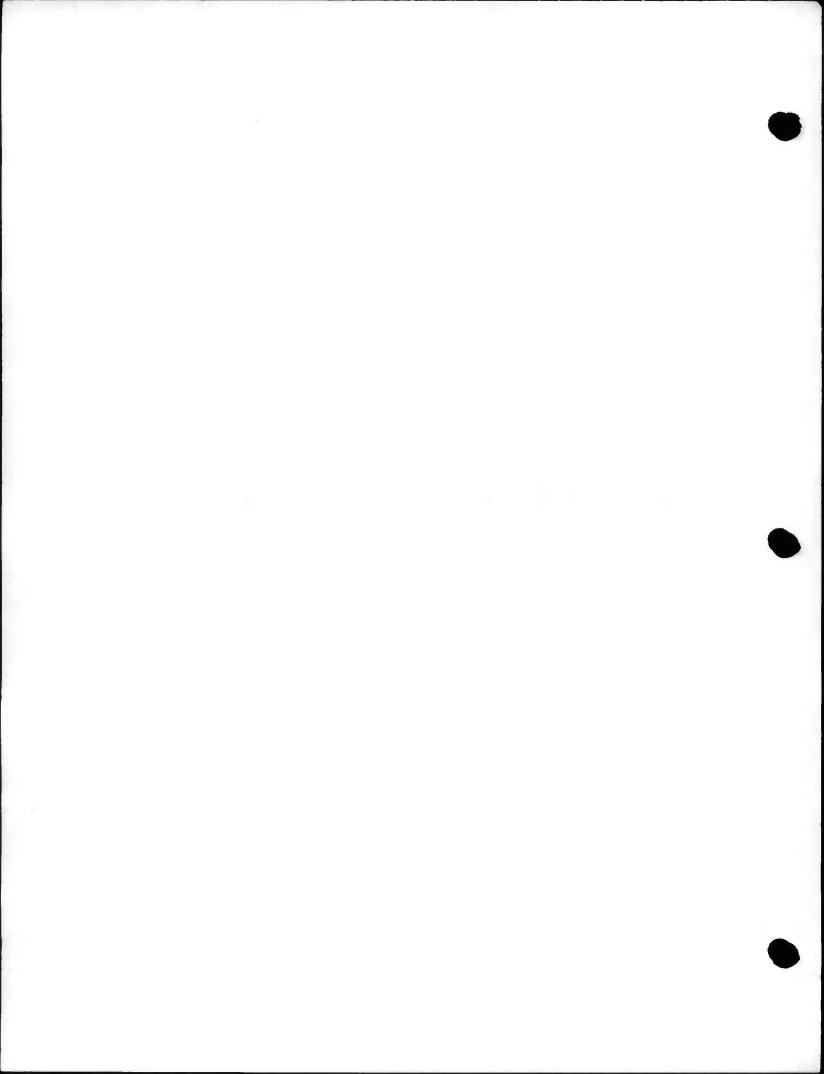
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111 Penn St.

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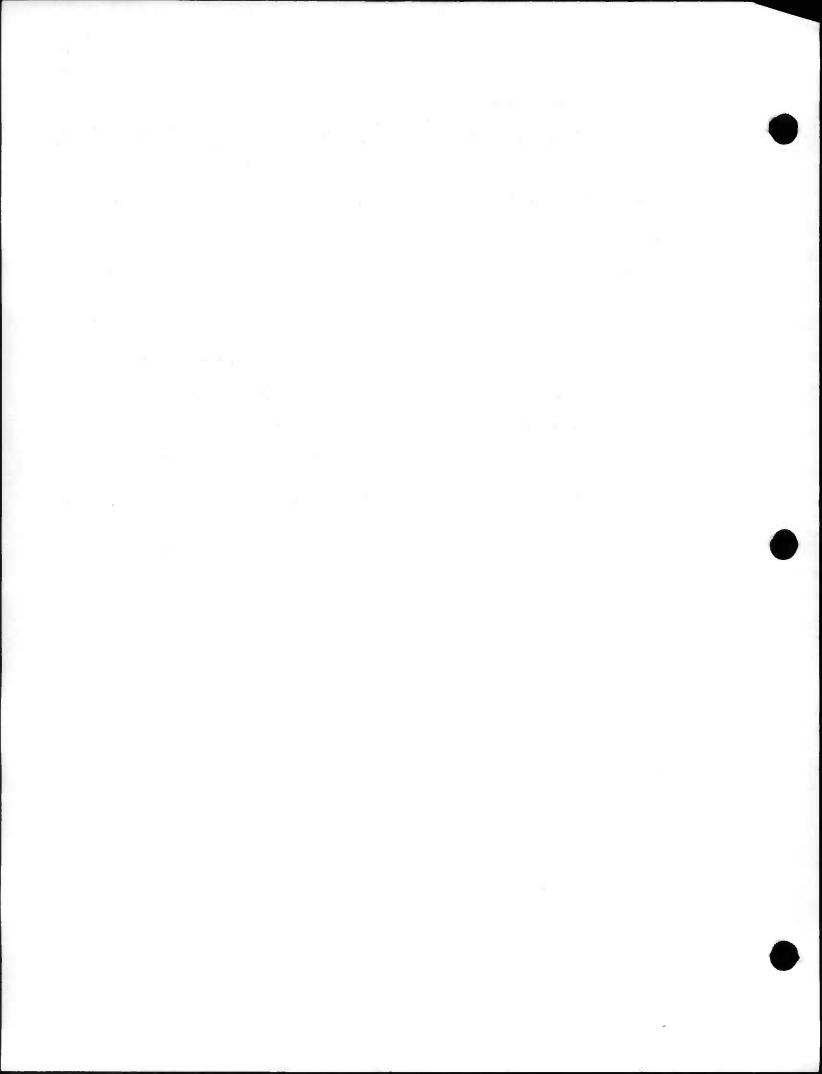
7/5/90

Baltimore, Md. 21201



							91	0 20376
	1 - FOR STATE REGISTRAR RUTH DOU	STATE OF MARYLI		RTMENT OF H		ENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME POST MICHIEL LINE	Dou	6	Went?	ž	2. DATE OF DEATH	12 19	3. TIME OF DEATH S.07 pm
		6. AGE	in yrs. lest birthday) 95 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BITTH (Month, Day, Yber) Dec. 13,		BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give street	·			OR LOCATION OF DEA	тн	9c. COUNTY	
OTO	Washington County	Hospital		Hagei	rstown	_	Wash	ington
DIRECTOR	Maryland Wash	ington		y, town on Locat Hagerstov				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	100. STREET AND NUMBER 2 Broadway			10f	21740		-	OF WHAT COUNTRY?
FUNERAL		12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC		C ORIGIN? (Specify Yes		RACE — American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spe	ecify Cuban, Mexican 2 NO Specify:			Black, White, etc. Specify: White
TED	15, DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEDENT'S (Give kind of Ilia. Do NOT u	work done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		Keeper		Aircra	ft Indi	ustry
COM	17. FATHER'S NAME (First, Middle, Last)				1221	IE (First, Middle, Maiden	Sumame)	
BE	Abner W. 19a, INFORMANT'S NAME (Type/Print)	Barnhar		ADDRESS (Charles	Mol1	ie R.		oub
2	Distriction of the second seco	Russ				rstown, M		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove	al from State	other place)	SITION (Name of cen				or Town, State
	4 Donation 5 Other (Specify)		Rose H	ill Cemet	tery		erstown	n, Wash., Md.
	· R. psel	Rusdin		Andre	ew K. Cof	fman Fune:		me, Inc. wn, Md. 21740
	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st only one cause on e	ach line.	not enter the mo	de of dying, such		iratory arrest	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	100000	A CONSEQUENCE O					
PHYSICIAN: MEDICAL	PART II. Other significant conditions Advanced Or	contributing to death to	out not resulting	in the underlying	g cause given in i	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Da'	OTHER:	LACE OF DEATH (Che			
НУЅ	1 VES 2 MO	26a, DATE OF INJURY	28b. Til	ME OF 28c. INJ	JURY AT	8 U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	NED
ВУ Р	1 Accident 5 Pending Investigation	(Month, Day, Year)			YES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURN building, etc. (Spe		street, factory, offic	:0	281. LOCATION (Street City or Town, State	and Number or ()	Rural Route Number,
COMPLE	CONDUCTORINY	IAN: To the best of my know						ause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF GERTIFIER	Q-Per	tonal (Physaia	29c. LICENSE NUM	04359	29d. DATE S	IGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PENSON WHO	COMPLETED CAUSE OF DE	EATH (ATEM 27) (Typ	ac Ave	. Na	gerstou	m	, , ,
	31. DATE FILED (Month, Day, 16ar) JUL 16 90	32. REGISTRAR'S SKOP	NATURE Bon-Panda	DZ.	1			

DHMH-16 Rev 1/89



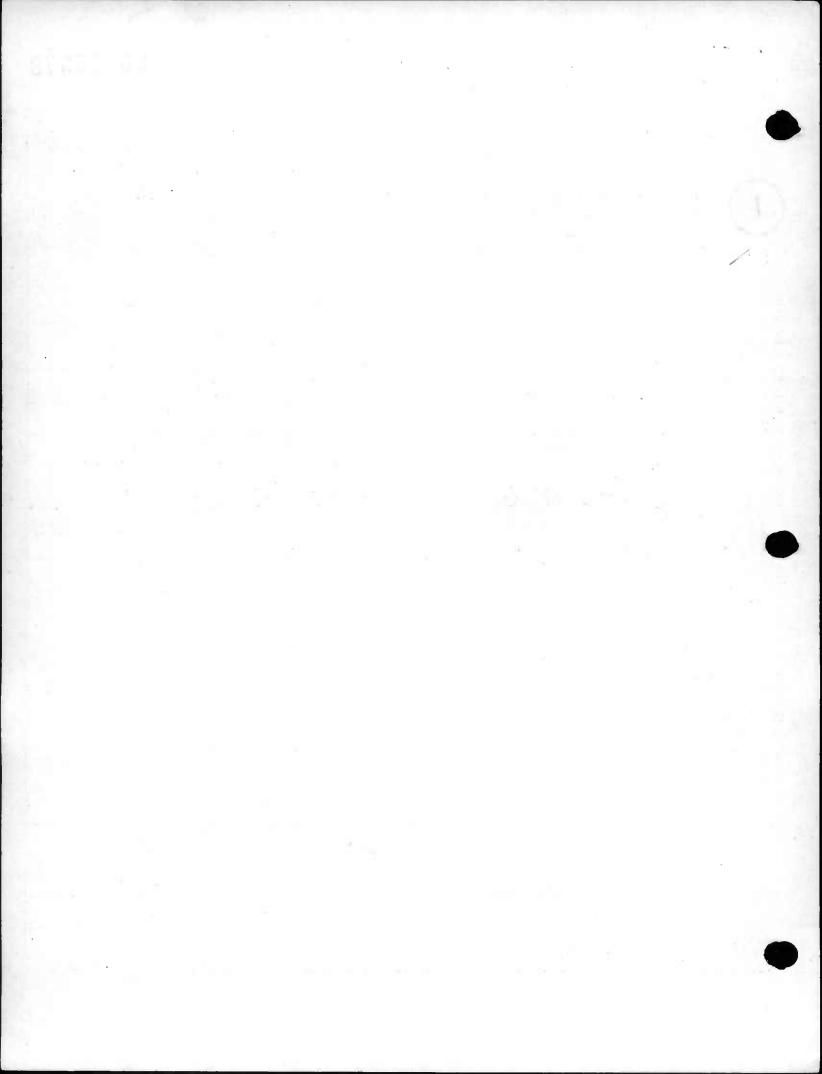
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re TO THE FUNERAL DIRECTOR: After this certificate has bee filed within 72 hours after death with the State Dept. o IMPORTANT: It item 28 is marked, or item 28 sh	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flows after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	if Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical as	the death certificate be executed	y the attending physician and co	of Mental Hygiene prior to burial,	injury, or other traumatic t	
TO THE HOSPITAL OR ATTENDING PHY TO THE FUNERAL DIRECTOR: After this of filed within 72 hours after death with MPORTANT: It tiem 28 is marke	SICIAN: The law requires that	certificate has been signed b	h the State Dept. of Health ar	d, or item 23 shows any	
	THE HOSPITAL OR ATTENDING PHY	THE FUNERAL DIRECTOR: After this	se filed within 72 hours after death with	MPORTANT: It item 28 is marke	

STATE	0F	MARYLAND	/ DEPA	RTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			ERTI	FICATE	OF	DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MA				MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) FRANCES	LOUISE	WERKING			2. DATE OF DEATH DAY July 12,	1990 YEAR	3. TIME OF DEATH 3:01 P. M
	4. SOCIAL SECURITY NUMBER 212-74-7291 9e. FACILITY NAME (If not institution, give el	1 □ M 2 💢 F	92 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1897 M	mry) Maryland
TOR	Washington Count		1				1 - 7 - 7 - 7 - 7	
DIREC	10a. STATE 10b. COUNTY	1						10d. INSIDE CITY LIMITS? 1 YES 2 2 NO
AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN O	211
BY FUNERAL DIRECTOR	2750 Virginia Av 11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. WAS DECEDENT I	YES 2 NO	13. WAS DEC	ENDENT OF HISPAN	n, Puerto Rican, etc.)	or No- 14, R/	ACE — American Indian, lack, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during more retired.)				
SO	17. FATHER'S NAME (First, Middle, Lest)							
BE (us La		wire retrained			<u> </u>	
2	19a. INFORMANT'S NAME (Type/Print) Dolores W. Fus	c						
	20a, METHOD OF DISPOSITION		20b. PLACE OF DISPO					
	4 Donation 6 Other (Specify)					Hage	rstown,	Wash.,Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC		dy					
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Pneu	or as a consequence of monia or as a consequence of estive hear	or): ct failur		Shock		Onset and Death
	PART ii Other significant condition	o	leath but not regulting	in the underlyin	a cause alven in	Dart I 24- MMS AN	AUTOBRY	24h WEDE ALTTORY EMPINGS
PHYSICIAN: MEDICAL		_		an the underlyn	g couse given in	PERFOR	IMED?	AAALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. F	LACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER? 1 TYES 2 THO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Residence	6 Other (Specify)		
ву РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	Control Cont						
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At home, farm tc. (Specify)	, street, factory, offi	en .	281. LOCATION (Street and City or Town, State)	and Number or Ru	ral Route Number,
COMPLET	(Critical Critis) 21	and the second second second	ny knowledge, death occur imination and/or investigat					se(a) and manner as stated.
8E	296. SIGNATURE AND TITLE OF CERTIFIE	Par	suh	am	29c. LICENSE NUN D 3285			NED (Month, Day, Year) -12-90
10	30. NAME AND ADDRESS OF PERSON WI				, Hager	stown, Md.	21740	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR						
		U						DHMH-16 Rev 1/8

	et)					2. DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH
Verina	Tilghman	Wil	lia	ms		0.			990	1:30F
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest bi	irthday)	IF UNDER 1 YEAR			OF BIRTH h, Day, Year)		8. BIRTHE Country	PLACE (State or Foreign
213-74-7581	1 - M 2 XF	95	YRS.	MONTHS DAYS	HOURE MIN.		-01-18	395		vland
9a. FACILITY NAME (If not institution, giv	e street and number)			9b. CITY, TOWN	OR LOCATION OF		01 10		NTY OF DE	_
Hartley Hall	_	Home In	c.	Poco	moke Ci	ty		Wo	rces	ter
10e. STATE 10b. COU			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
Maryland So:	merset		Po	comoke	City					LIMITS?
10a. STREET AND NUMBER		1			IOI. ZIP CODE			10a. CIT		HAT COUNTRY?
Rt. 1 Box 84				100	21851				U.S.	
11. MARITAL STATUS	12 WAS DECEDED	NT EVER IN U.S. ARME	ED	I to une n	ECENDENT OF HISPA	NIC OBICI	12 (Passite Van			- American indien.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES?			If yes,	specify Cuben, Mexic ES 2 X NO Spec	an, Puerto		or No—	Black	White, etc.
15. DECEDENT'S E	DUCATION	16e. DECE	EDENT'S	USUAL OCCUPA	TION	188	. KIND OF BUS	INESS/INC	DUSTRY	
(Specify only highest gro	college (1-4 or 5	(Give	kind of NOT u	work done during ise retired.)	most of working					
Q	Conege (I-4 of 5	**	h	ousewi	fe					
17. FATHER'S NAME (First, Middle, Last)			110	CABCMI	18. MOTHER'S N	AME (First	Middle Maiden	Sumama)		
John H. Tile	thman						oster			
	Jiimaii					4			1111111	
19e. INFORMANT'S NAME (Type/Print)					t end Number or Rura					
Dr. Donald Ti	lghman						na, M	arv	land	21122
20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 R	emoval from State	other place	0)		cemetery, crematory or				City or Ton	
4 Donetion 5 Other (Specify)				h Pres	byteria	n Ce	m Re	hobe	eth,	Md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME	AND ADDRESS OF F	ACIUTY	HOME			
Scott S.	M. 1			PELS.	ON FUNE	4AL	HOME	_		
				Poco	malea M		2185	1		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one ca	use on each line.		not enter the r	node of dying, au	ch es car	dlac or respi		rest,	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due To		JENCE O	DF):	node of dying, au	ch es car	dlac or respi		rest,	interval Betwe
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DHMH-16 Rav 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x redux after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlat, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	FOR STATE REGISTRAR
	1. DECEDENT'S NAME (First,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.		
	worthing	ton			2. DATE OF DE	C DAY	9°0	3. TIME OF DEATH
	5. SEX 1 D M 2 F 85	7	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, Nov. 2		Country)	cyland
99. FACILITY NAME (II not institution, give stre ALINE ALUNCE IN RESIDENCE OF DECEDENT	Edical Car	ster F	ANNAPO	R LOCATION OF DE	ATH	9c. COU ANN	e AR	undel
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			1	IOd. INSIDE CITY
Maryland Anne	Arundel	An	napol:	L S ZIP CODE		10g. CIT		I ☐ YES 2 🙀 NO
1806 Crownsvill	Le Road			21401			J.S.A	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 3NO	13. WAS DECE	enDENT OF HISPAN cify Cuben, Mexice 2 M NO Specify	n, Puerto Ricen,	etc.)	14. RACE - Black, Specify. Whi	
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATIO	N t of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	Teach			Α.	A Com	n fran S	Schools
17. FATHER'S NAME (First, Middle, Last)	4	1 each	er	18. MOTHER'S NA			ILY C	CHOOLS
George Edward	Henry			Margar				
19s. thFORMANT'S NAME (Type/Print)		Wearen		nd Number or Rural		3		
Margaret W. E. 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremstlon 3 Remov	20b.	PLACE OF DISPOSITION Other place)		etery, cremetory or		20c. LOCATION -	City or Tow	n, State
4 Donetion 5 Other (Specify)		t Paul	S Cem	etery	CHITY	Crown	svil]	le, MD
Imalal S.	tryto		Tayl	or Fune	ral C		apoli	21401 is.MD
23. PART I. Entar the diseases, or co	omplications that caused list only one cause on ea	tha death. Do not	enter the mod	da of dylng, suc	h as cardiac d	or respiretory a	rrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Meun							Onset and Death
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Christic (DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	ie pu	lmenar	y des	last		gears.
PART II. Other significent conditions Multiple Ca	contributing to death by	1 1) ceuse given in		WAS AN AUTOPS PERFORMED?	1	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL: Impetient 2 - ER/Outp		THER:	ACE OF OEATH (C)		ocify)		
27. MANNER OF DEATH 1 Netural 5 Pending investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME C	WO WO	URY AT RK? 'ES 2 NO	28d. DE\$CRIB	E HOW INJURY O	CCURED	
2 Accident sinvestigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, etre	et, fectory, office		281. LOCATION City or Tox	(Street end Numb vn, State)	er or Rural Ro	oute Number,
(Gringe Unity	CIAN: To the best of my knowl							and mainter as stated.
296 SIGNATURE AND TITLE OF CERTIFIES	MD-			29c. LtCENSE NU	MBER	29d. D/	TE SIGNED	Month Day, News
RICHARD W.	_	. 4		olis, m	D			
31. DATE FILED (MONTUPY, TEP) 2 199								

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BALTIMORE, MARYLAND 21203-3146

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may be retain	or, page 5 sho	ust be notif	
death. Page 6	b funeral direct	examiner m	
+ riours after	filled in by the	he medical	
ecuted within .	nd completely burial, cremati	rlic event, tl	
rtificate be exe	ig physician ar	ther trauma	
t the death ce	by the attendir	injury, or (
w requires tha	been signed of the of the a	shows any	
ICIAN: The lan	ertificate has the State Dep	or item 23	
NDING PHYS	R. After this car death with	is marked,	
ITAL OR ATTE	RAL DIRECTO	: If item 28	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospitations are considered to the prospective of the prospective o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	FOR 1 - STATE REGISTRAR	STATE OF M	/ MARYLAND CI	DEPAR					MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME	E OF DEATH
	MARGARET DO	RIS	WILE	CES					THOM T LL		990	YEAR		А. м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDE	1 YEAR	IF UNDER	24 HRS.		OF BIRTH			HPLACE (State or Foreign
	070 04 7000	1 M 2 F	77.2	YRS.	MONTHS	DAYS	HOURA	MIN.		th, Dey, Year)	יו מ	Count	m) gl ai	nd
	9e. FACILITY NAME (If not institution, give str	A	73		oh CITT	/ TOWN O	R LOCATIO	ON OF BE		r.5,19		NTY OF D		IIU
œ									ain					
0	1720 W. Winche	ster R	oad			Anna	pol	is			A	nne	Ar	undel
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. IN	SIDE CITY
H	Maryland Ann	e Arun	I a I		Ann	apol	10							MITS? ES 2 X NO
7	10e. STREET AND NUMBER	e Alum	16T		ALIIII.	_	ZIP CODI	=			10a CIT	IZEN OF		
BY FUNERAL						101			1		1.0012			ONTHIT
NE	1720 W. Winche							140.				.S.		
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	AMED NO	13.					N? (Specify Yea Rican, etc.)	or No-	14. RAC Blac	E — Ame k, White,	erican Indian, etc.
¥.	3 Widowed 4 Divorced	IF YES, GIVE W					2 X NO					Spec	effy:	
													ite	
Ē	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S live kind of Do NOT u	Work done	during mo	ON at of workin	ng	168	b. KINO OF BUS	SINESS/IN	OUSTRY		
W	Elementary/Secondary (0-12)	College (1-4 or 5	+)							D 171		,	7	
MP		2	L:	ibra	ry .	Assi				Publi		cho	ols	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Surname)			
BE	Andrew Wilcoxs	on						Unkı	nowi	n				
TO E	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORES	S (Street a	nd Number	or Rural F	Poute Num	nber, City or Town	n, State, Zi	p Code)	2.	1401
Ĕ	Joseph A. Wilk	ces		1720	W.	Win	che	ste	r Ro	oad, A	nna	pol	is,	MD
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Remo	well from State	20b/FLACE	OF DISPO	SITION (N	ame of cen	netery, cren	natory or		20c. LO	CATION -	City or To	own, Stat	le
	4 Donation 5 Other (Specify)	Vali Holli Stata	Wet		lit	an C	rem	ato	ry	Ale	xan	dri	a , '	VA
	21, SIGNATURE OF FUNERAL DERVICE LIE	ENSEE					D ADDRE							
	House O.V. A	77			T	aylo	r F	une	ral	Chape	al		2.	1401
	I was N.	441			با	47 (المال	ces	ter	St. 1	lnna	pol		
	23. PART I. Enter the diseases, or conshock, or heart fallure.				not ante	r the mo	de of dy	ing, suc	h as car	rdiac or respi	ratory at	rrest,		Approximate ntervai Between
	IMMEDIATE CAUSE (Final	11	-6 1	7	10	/	100	1	_					onset and Death
	disease or condition resulting in death)	Almis	Strall,	11	404	Pra	1	6/1	1910	95			1/	year
	resulting in douting	DUE TO	ON ASA CONSE	QUENCE C	F):	- Land		CE						1
z	_	. /												/
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):									
AT	causa, Enter UNDERLYING	2											- 1	
F	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE C	F):									
H	resulting in death) LAST													
S		87												
AL	PART II. Other significant condition	s contributing to	death but not	resuiting	in tha u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR		24		AUTOPSY FINDINGS BLE PRIOR TO
2										1 YES 2	NO		OF DEA	ETION OF CAUSE
Æ													1 🗆 Y	ES 2 NO
-														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF C	EATH (Ch	eck only o	one)				
300	EXAMINER?	HOSPITAL:	FR/Outpatient	1 DOA	OTHE		. c No.	anldanca	a \Box Oth	ner (Specify)				
χ.	27. MANNER OF DEATH	28a. DATE OF		28b. TII	1	28c. INJ		10001108		SCRIBE HOW I	NJURY O	CCURED		
	1 Neturel 5 Pending	(Month, E			JURY	W.C	PRK?	∃ NO		,				
BY	2 Accident Investigation	200 DI ACE (F INJURY — At h	(204 1 0	CATION (Street	and March		Onute Ma	
Q	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	ome, ram,	street, 184	стогу, опис	-			y or Town, State)		er or Hurai	HOUTE NU	ynoer,
ETI									L					
PL	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occur	red at the	time, date	and place	, end due	to the ca	suse(s) and me	nner aa st	sted.		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of a	xemination and/or	Investigati	on, I <i>n</i> my	opinion, o	leath occu	red at the	time, det	te and place, ar	d due to	the cause	(s) and m	anner as stated.
	296, SIGNATURE AND TUBE OF CERTIFIES	7	~				29cLIC	ENSE NUI	MBER		29d, DA	TE SIGNE	6 (Mogth.	Day, Year)
B	11 VAlhand	/	1	1			1) -	-1 9	72	•	7//	10	1
9	20 NAME AND ADDRESS OF PERSON WH	111		-	7/11				1 6			16	//	

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ALBERT TO BE RELEASED.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

REGISTRAR* **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Linet) John Leroy Zeigler **SOCIAL SECURITY NUMBER** 214 32 4613 1 K M 2 □ F 56 **VRS.** **DECEMBER 1 YEAR F UNDER 24 HRS. T. DATE OF BIRTH MONTH, Day, -berl May 2 / F, 1934 Pennsylvan Pennsylvan Pennsylvan May 2 / F, 1934 Pennsylvan Pennsy								
JORIN LETOY ZEIGLET 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) Funder 1 year Funder 24 Hrs. 7. DATE OF BIRTH 6. BIRTHPLACE (State or	ATH							
	A M							
214 32 4613 I K M 2 \square F 56 VRS. MONTHS DAYS HOURS MIN. May 27, 1934 Pennsylvar	Foreign							
	ia							
98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
Washington County Hospital Hagerstown Washington	- 1							
RESIDENCE OF DECEDENT WASTILING LOTT								
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CI LIMITS?	Y							
Maryland Washington Hagerstown 15 YES 2	NO							
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								
11 W. Baltimore St. 21740 USA								
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc. 14. RACE — American In If yes, specify Cuban, Mexican, Puerto Rican, stc.) 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT EVER IN U.S. ARMED 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, White, atc.)	dan,							
1 Never Married 2 Married Married	- 1							
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)								
Elementary/Secondary (0-12) College (1-4 or 5 +)	- 1							
none none none								
17. FATHER'S NAME (First, Middle, Leet) Earl Oscar Zeigler Mabel May								
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
Margaret C. Hartman 342 Liberty St. Hagerstown, Md. 21740								
20g, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of comoter), crematory or 20c. LOCATION — City or Town, State	_							
1 12 Burlei 2 Cremetion 3 Removal from State Office Illowers Competence								
22. NAME AND ADDRESS OF FACULTY Gerald N. Minnich Funeral Home 305 N. Potomac S Hagerstown, Md.								
23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approxi								
shock, or heert failure. List only one cause on each line.	Between							
immediate cause (Fine) disease or condition resulting in death) a. Acute Anterior Myocardial Infarction 10 hrs								
disease or condition								
disease or condition realiting in death) a. Acute Anterior Myocardial Infaretro 10 Due to (OR AS A CONSEQUENCE OF):								
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disease or conditions resulting in death) Acute A	FINDINGS R TO F CAUSE							
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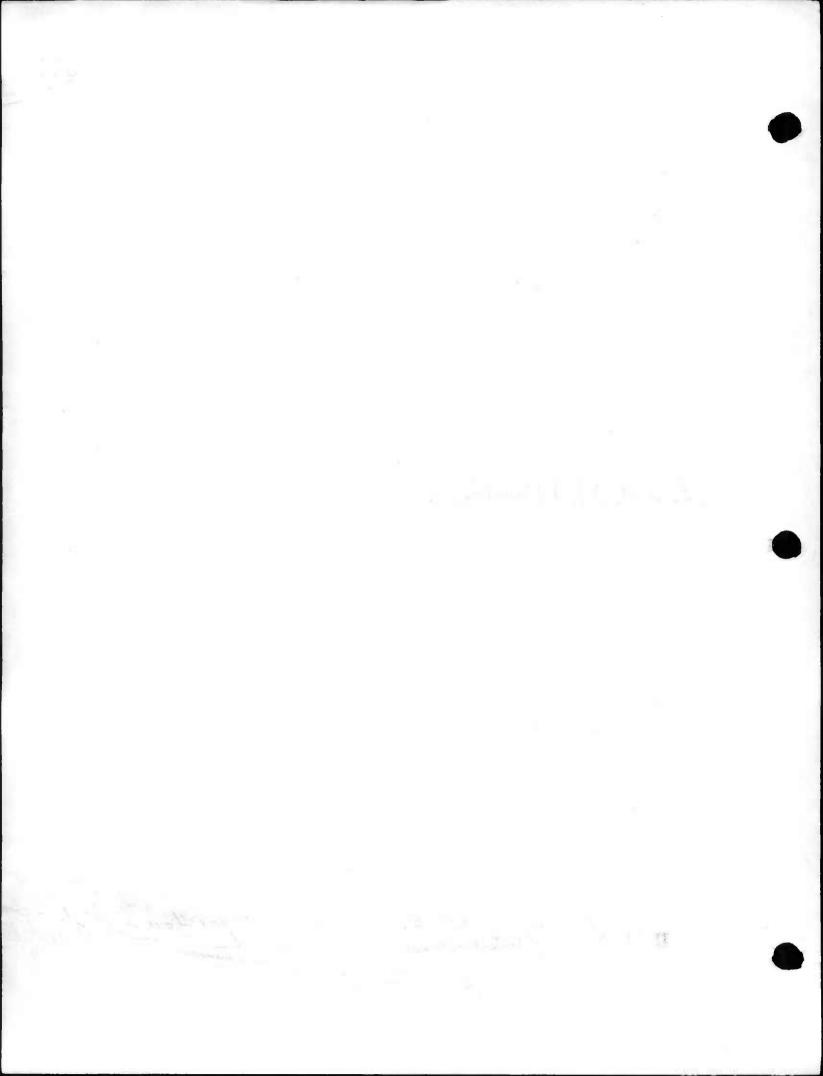
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremitation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic eyent, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



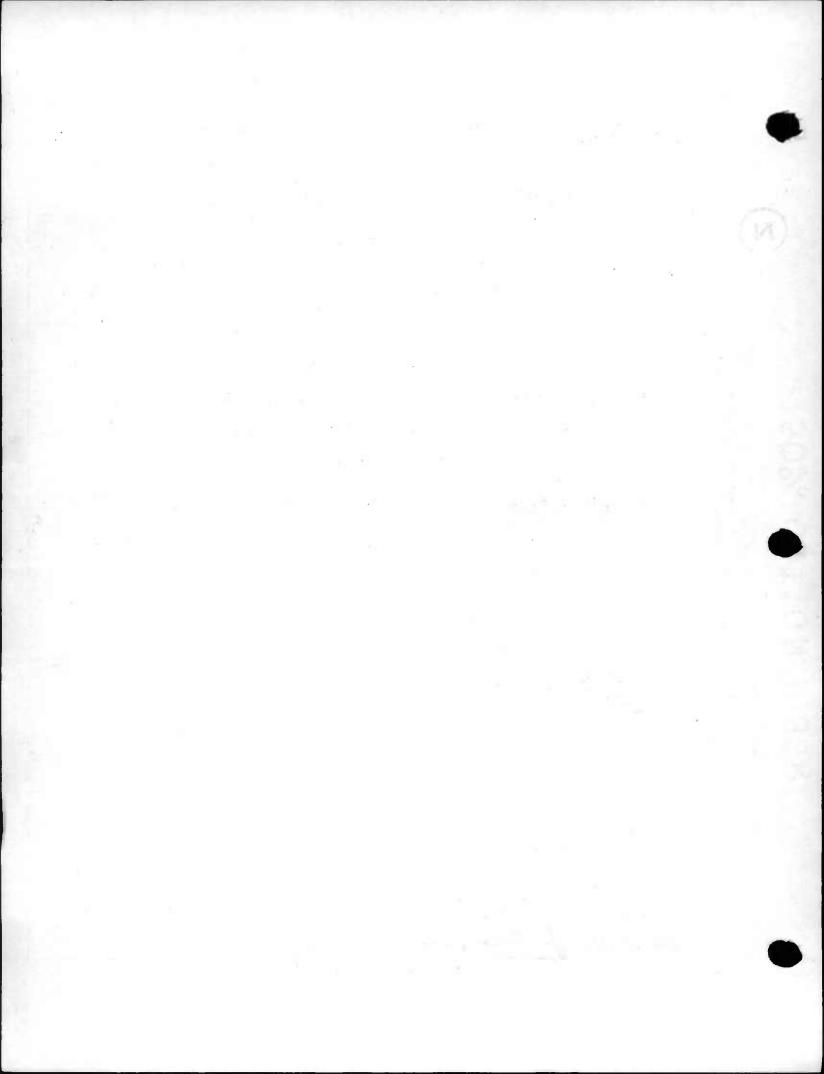
1. DECEOENT'S NAME (First, Middle, Last)	E. Brow	IFICATE OF DEATH		YEAR 3. TIME OF DEATH
in a manual of	5. SEX 6. AGE (In yrs. last birthd)	BY) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
2 3 - 20 - 3 / 96 90. FACILITY NAME (If not institution, give stre	1 M 2 □ F 6 8 YRs	9b. CITY, TOWN OR LOCATION OF	4/27/22 DEATH 9c. COUNT	BALIO, Wid
THE JOHNS HOPKI	NS HOSPITAL	BALTIMORE CI	TY BAL'	TIMORE CITY
THE JOHNS HOPKT RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	10c.	CITY, TOWN OR LOCATION BALTIMORE		10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	oadway	10f. ZIP CODE	9 10g. CITIZE	1 YES 2 NO
11. MARITAL STATUS	12. WAS DECEDENT, EVER IN U.S. ARMED			4. RACE — American Indian, Black, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCA (Specify and Nother crafts of	FORCES? 1- YES 2 NO IF YES, GIVE WAR OR DATES 19747 43 -260	If yes, specify Cuberi, Mexi		Spech BLACK
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working IT use retired.)	16b. KIND OF BUSINESS/INDU	
Jacandhky	MAN!	DOBWENI	SUC. Dec.	Adm.
Elementary/Secondery (0-12) SCENION R 17. FATHER'S NAME (First, Middle, Leat)	?	18. MOTHER'S I	NAME (First, Middle, Melden Surname) GRIFFIN	
190. INFORMANT S NAME (TyperPrint)	BROWN 161	ING ADDRESS (Street and Number or Run	al Route Number, City or Town, State, Zip C	Code)
20g METHOD OF DISPOSITION 10 Burlel 2 Cremetlon 3 Remov	20b. PLACE OF DIS	POSITION (Name of cametery, cramatory of	20c. LOCATION — CI	ity or Town, State
4 Donetion 5 Other (Specify)	- YARI	22, NAME AND ADDRESS OF	FACILITY	15 Mills mg
Diment of	ear day	Liel	Fund Han	1204/16
23. PART I. Enter tha disaases, pr co shock, or heart failure. L	omplications that caused the death. I	o not anter the mode of dying, se	uch as cardiac or respiratory srre	Interval Between
IMMEDIATE CAUSE (Finel disease or condition regulting in death)	Respirator	a Frailwe		Onset and Death
	DUE TO (OR AS A CONSEQUENC	E OF):		446.
Sequentielly list conditions, If any, leading to immediata cause, Enter UNDERLYING	OUE TO (OR AS A CONSEQUENCE	E OF):		
CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A CONSEQUENC	E OF):		
Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	l			
PART II. Other algorificant conditions	contributing to death but not resulti	ng in tha underlying cause given	In Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II, Other aignificant conditions				OF DEATH?
25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATH (Check only one)	
	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DO			
1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	TIME OF 1NJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	URED
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, fe building, etc. (Specify)	rm, street, factory, office	28f. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
4 Homicide determined				
200 CERTIFIED	CIAN: To the best of my knowledge, death oc	curred at the time, date end place, end o	due to the ceuse(e) end menner ee state	d.

DHMH-18 Rev 1/89



0	ERAL DIREC	TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
		at examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
)	wai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
gu.	usit pertent Parts 1	the funeral director, page 5 should be detached for use as the burial-trai	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit and the filled in by the funeral director, page 5 should be detached for use as the burial-transit permit and the filled in burial transit permit and the filled in
_	1	ter death. Page 6 may be retained by the hospital or attending physician	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.
-	(BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.	90-	20383
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	M. BAUN	1GARNER			2. DATE OF	DEATH DAY	YEAR OT	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-20-8724	1 □ M 2 💢 F 92	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	-	- 1897	Ma	ryland
	SerFACILITY NAME (If not institution, give s NIAIR CON RESIDENCE OF DECEDENT	VA/45AZI	um "	Baltin	R LOCATION OF D	EATH	9c.	COUNTY OF	DEATH
Cline	Maryland 106. COUNTY	•		own or Locat timore					10d, INSIDE CITY LIMITS? 1 X YES 2 NO
NE IN	5101 Arabia Ave.				21214			U.S.	
-	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp	ENDENT OF HISPA Helfy Cuban, Maxic 2 X NO Speci	an, Puerto Ric		Spe	CE — American Indian, ck, White, etc. nite
71111	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		18e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo tired.)	N st of working	16b. K	IND OF BUSINES	S/INDUSTRY	
5	17. FATHER'S NAME (First, Middle, Last)		Homema	KEI	18. MOTHER'S NA	AME (First, Mic	idie, Maiden Sume	me)	
	Benjamin	Oltman			Emma	Aha	nger		
5	19s. INFORMANT'S NAME (Type/Print)				nd Number or Rural				
-	Charlotte E. Der		5101 AT		lve., Ba	Ito.,	Md. 212		
	20e METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) rkwood Ce	meterv	7-27-	90	Balto		
1	21. SIGNATURE OF FUNERAL SERVICE LICENSE ROY H. Cath	CENSEE	, KNOOG OO	22. NAME AP	ID ADDRESS OF F	ACILITY			Balto.,Md. 21214
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OHRON DUE TO (OR AS A C DUE TO (OR AS A C C. SCUERCE	ch lina.		de of dying, such				Approximate interval Between Onset end Death
	PART II. Other significant condition OCD	na contributing to death bu	t not reaulting in t	the underlyin	g cause given in	-	24a. WAS AN AUTO PERFORMED: 1 YES 2 N		Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (C	heck only one			
	EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Raeldence				
	27. MANNER OF DEATH	28e, DATE OF INJURY	28b. TIME O	F 28c. INJ	URY AT		RIBE HOW INJUR	Y OCCUREO	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		PRK?				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, atre	et, factory, offic			TION (Street and No. Town, State)	umber or Rura	l Route Number,
OMILE	All the second s	ER On the basis of examination							e(e) and manner ee stated.
	29b, SIGNATURE AND TIFLE OF CERTIFIE	un			29c. LICENSE NU	3 6 4	O 254	DATE SIGN	7/50
	30. ME AND ADDRESS OF PERSON W	tarfred	Ro	7	Bo	all	8 1	the	mile
	"JUL" 26 1990	fund Day ason	TURE	-					100



BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the law requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR	0.7.1.2 0.7 1.1.	/ ARYLAND Ci			F HEALTH		MENTA	REG. NO.	E 9	0-	2038
1. OECEOENT'S NAME (First, Middle, Lest) Louise		Bro					2. DATE MONTO	-		YEAR	TIME OF DEATH 7:30 A M
		6. AGE (In yrs. les	s birthday)	IF UNDER 1 YE		9 24 HRS.	7. DATE	OF BIRTH h, Day, Year)	1,19		CE (State or Foreign
377 74-0734	1 M 2 X F	58	YRS.					-13-3			
9a. FACILITY NAME (If not institution, give stre		24.1	- 1		WN OR LOCAT				9c. COUN	TY OF DEAT	н
Maryland Genera	ai nosp	ıtaı		ват	timor	e (1	Lty				
Maryland General RESIDENCE OF DECEMENT 10s. STATE 10s. COUNTY MD				timoı	ce Ci	ty					I. INSIDE CITY LIMITS? YES 2 NO
102 N. Paca Sti	reet				2120	7			10g. CITIZ	EN OF WHA	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X		If yes		OF HISPAN an, Maxica	n, Puarto	1? (Specify Yas Rican, atc.)	or No-	Black, W	American Indian, hita, atc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle, Lest)		16a. DE	ECEDENT'S	USUAL OCCU	PATION g most of work	'na	18b	. KINO OF BUS	INESS/INO		
Elementary/Secondary (0-12)	College (1-4 or 5+)	100	. Do NOT us	e retired.)				1.7	/ 4		
N/A	N/A		N/A	1					/ A		
17. FATHER'S NAME (First, Middle, Last)					16. MOI	HER'S NA	ME (FIRST,	Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	reet and Number	or or Rural I	Route Num	ber, City or Tour	n, State, Zip	Code)	345
Medical Records	s Dept.	l N	larv1	land	Gener	al F	losn	/827	alti	more	, MD Ave. 212
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remoi	val from Stata	20b. PLACE other p.	OF DISPOS		of cemetery, cre					City or Town,	
21. SIGNATURE OF FUNERAL SERVICE LICE				22. NAN	E AND ADDR	SS OF FA	CILITY				
1 Junily 1/1/1	July 7	25.90	ı	St	ate A	nato	2 m sz	Board	D.a	11+0	Md
23. PART i. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Recu:	rrent	stro	ke							Approximate interval Between Onset and Death
Sequentially flat conditions, b.		OR AS A CONSE		F):							
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSE									
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	contributing to	death but not	OUENCE OF	F):	lying cause	given in	Part I.	24s. WAS AN PERFOR		AV	SRE AUTOPSY FINDINGS
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	contributing to	death but not	OUENCE OF	F):	lying cause	given in	Part I.		IMED?	AM CC OF	
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Myocardial Ir Sepsis	contributing to	death but not	OUENCE OF	F):	lying cause	given in	Part I.	PERFOR	IMED?	AM CC OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Myocardial Ir Sepsis 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to	death but not	resulting	in the under	26. PLACE OF	DEATH (Ch	neck only o	PERFOR	IMED?	AM CC OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Myocardial Ir Sepsis 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	contributing to	death but not O \(\O \)	reaulting	OTHER:	26. PLACE OF Homa 5 1 1 L. INJURY AT WORK?	DEATH (Ch	a Coth	PERFOR	MED?	AM CC OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Myocardial Ir Sepsis 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 K Inpetient 2 28e. PLACE OF	death but not O \(\O \)	resulting	OTHER: 4 Nursing E OF 28-	28. PLACE OF Homa 5	DEATH (Ch	a Oth	PERFOR	MED?	AM CC OF	AILABLE PRIOR TO MIPLETION OF CAUSE DEATH?
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Myocardial Ir Sepsis 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 % Inpetient 2 28a. QATE OF (Month, Da) 28e. PLACE Of building,	ER/Outpatient INJURY , Year) F INJURY — At hate. (Specify)	resulting 3 DOA 28b. TIM INJ ome, farm,	OTHER: 4 Nursing E OF 28- IURY M 1 street, factory,	28. PLACE OF Homa 5 1 Homa 5 1 WORK? VES 2 offica	DEATH (Chilealdenea	a Othical 28d. OE	PERFOR	NJURY OCC	CUREO OF Rural Routed,	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO

c/o Maryland General Hospital

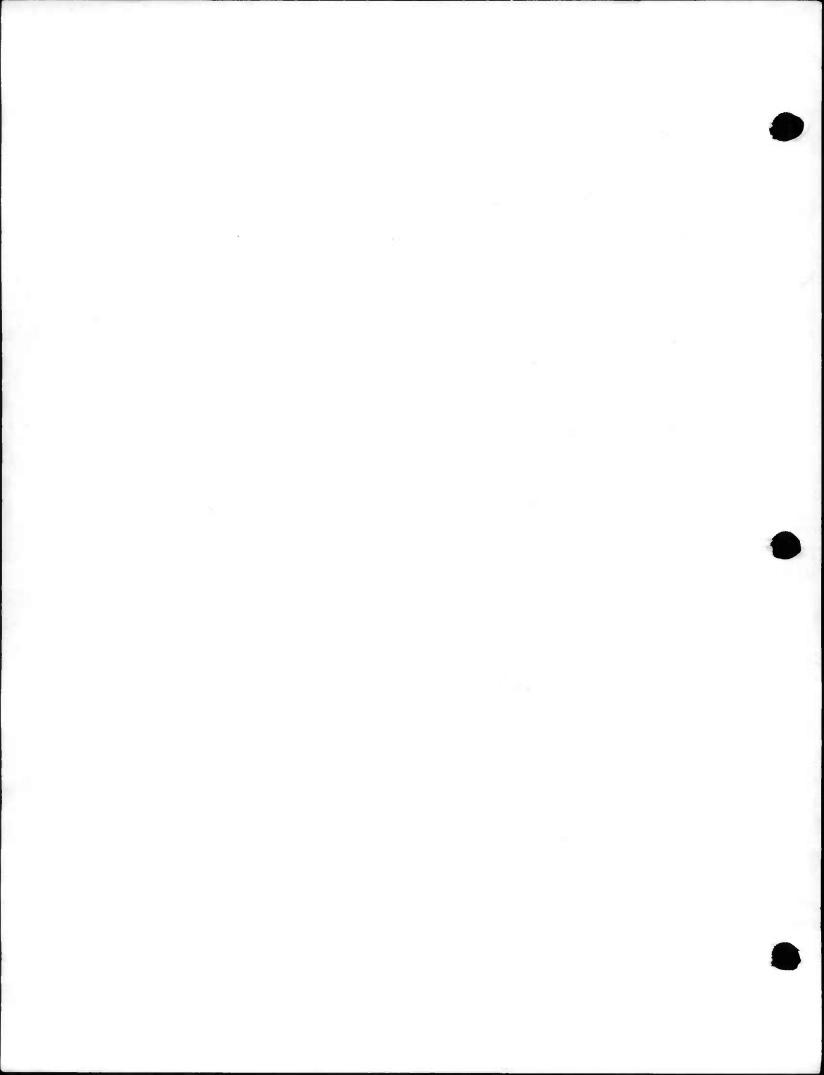
Ruiz-Calderon

32. REGISTRAR'S SIGNATURE

E1oy

Α.

DHMH-16 Rev 1/89



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BIRX

HFNRY | R

	4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs	s. lest birthday)		R 1 YEAR	IF UNDER 24			OF BIRTH	a	BIRTHPLAN Country)	CE (State or Foreign
	216-16-43	399	1 🔀 M 2 🗌 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	1	17/23			LAND
	9a. FACILITY NAME (If not i	institution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATION	N OF DE	НТА		9c. COUNTY		
RECTOR	NORTH AR	UNDEL	HOSPII	Al		G1	E N	BURN	I E			ANN	E AR	UNDEL
IREC	10a. STATE MD.	10b. COUNTY	ARUND	DT.		TY, TOWN								. INSIDE CITY LIMITS?
LDI	100. STREET AND NUMBER		ARUND	F.T.	Грт	NTH		1. ZIP CODE	-			10a. CITIZE		YES 2 NO
BAL	300 JER		7 E					21090					5 . A .	000111111
UNER	11. MARITAL STATUS	JHL AV	12. WAS DECEDE			13.	WAS DEC	CENDENT OF	HISPAN		? (Specify Yes			American Indian,
BY F	1 Never Married 2 2 3 Widowed 4 Div			1 X YES 2 WAR OR DATES				secify Cuben, S 2 NO			Hican, atc.)		Specify:	
ED I		CEDENT'S EDU		164	DECEDENT'S					16b	. KIND OF BUS	I INESS/INDUS	WHI	LE
ш	Elementary/Secondary		College (1-4 or 5	+)	Iffe. Do NOT u	work done use retired.)	dunng me	ost of working						
COMPL	17. FATHER'S NAME (First,	Middle, Last)						18. MOTHE	ER'S NAI	ME (First, I	Middle, Melden	Surname)		
ш	HENRY CH	HRISTA	IN BIR	X				MAR	GAR	RET	BOMHA	RDT		
TO B	19a, INFORMANT'S NAME										ber, City or Town			
	Theresa			200 01	ACE OF DISPO					Lin	thicu	m, Mo		
	1 Buriel 2 Cremet	ion 3 🗆 Rem	oval from State		er place)	A HOILIS	rame or ce	irriotery, Grorne	nory or		200. 200	DATION — CII	y or rown,	State
	21. SIGNATURE OF FUNER	_	CENSEE			22	. NAME A	ND ADDRESS	S OF FA	CILITY				
	mud	//10	Kele 7-	-25-90	7	5	Stat	e An	ato	my	Board	, Bal	lto.	, Md.
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Onset and Deat			
CERTIFI	that initiated eventa resulting in death) LA		d.	DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other aignific	cent condition	na contributing t	o death but i	not reaulting	in the u	inderlylr	ng cause gi	iven in	Part i.	24a. WAS AN PERFOR		AW	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE
EDICAL											1 _ YES 2	□ NO	OF	DEATH?
N: M								-		_			11	YES 2 NO
A	25. WAS CASE REFERRED	TO MEDICAL				,		PLACE OF DE	EATH (Ch	eck only o	ne)			
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatio	ont 3 🗆 DOA	4 No		me 5 🗆 Res	sidence	a 🗆 Oth	er (Specify)			
Y PHYSIC		Pending investigation	28a. DATE ((Month,	Dey, Ybar)	28b. Ti	ME OF NJURY M	W	JURY AT YORK? YES 2 .] NO	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
ETED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined		OF INJURY — g, etc. (Specify)		, street, fa	ctory, offi	Ice		28f. LO	CATION (Street or Town, State)	and Number o	Rural Route	e Number,
COMPLE	(Check only		BICIAN: To the best ER: On the basin of											nd manner as stated.
BE	29b. SIGNATURE AND TITE	LE OF CERTIFIE	ER					29c. LICE	NSE NU	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
10	30. NAME AND ADDRESS		1 D 16	00 CR/	LINH	oe, Print)	W	4060	GŁ E	N B	URMID	, MD	210	16.1
15	JULZ 6 195	30"	32. BEGIST	RAR'S SIGNATI		ar	9	Ko			#	A	27	mh
		-					1/	1			/ /	1		DHMH-18 Bed

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH BAY

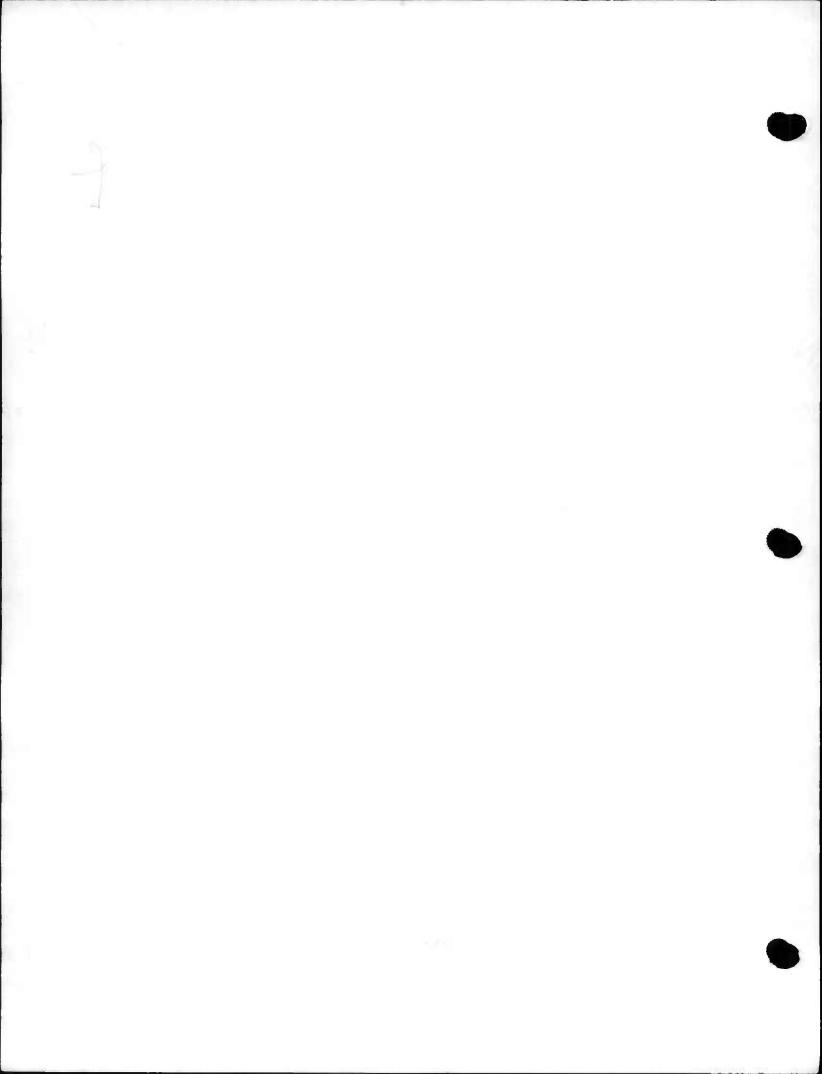
23

YEAR

90

1:47

BIRTHPLACE (State or Foreign Country)



per it Pages 1, 2, 3 should

DIRECTOR

EUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE 2

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

29b. SIGNATURE AND TIPLE OF CERTIFIER

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENE (REG. NO.	90-20386
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF OEATH
CHARLES	Critt	020	BALDUIN	7.23.19	
4. SOCIAL SECURITY NUMBER 213 09-5929	5. SEX 6. AG		F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give s ER FALLST		HOSP "	FALL STO		HARFOND
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ	10c, CITY, T	OWN OR LOCATION		10d. INSIDE CITY
MAHA	12fond	· J	OPPA		1 XYES 2 NO
10e. STREET AND NUMBER			101, ZIP COOE	100.0	CITIZEN OF WHAT COUNTRY?
106 BAVE	N WOOD	CIT	21	085	USA.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO		NIC ORIGIN? (Specify Yes or No- an, Puerto Rican, atc.)	
15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16a, DECEDENT'S US	UAL OCCUPATION k done during most of working	16b. KINO OF BUSINESS/	INOUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)	0	
12" 92 ADE		RETILE	+O RAIL RO	40 2EF126	-13
17. FATHER'S NAME (First, Middle, Lest)				ME (First, Middle, Maiden Sumam	
JOHN WILL	UN BA	LCD MIN	0 112	ABETH	COCH MOHT
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Rural	Route Number, City or Town, State,	Zip Code)
DOMS 1 B	ALDWIN	106 V	AUEN3 WOOD	CT JORDA	+ 70 21085
20a. METHOD OF DISPOSITION 1 Buyfel 2 Cremation 3 Rem	round from State	Ob. PLACE OF DISPOSITI	ON (Name of cemetery, crematory or	20c. LOCATION	- City or Town, State 1250 266
4. Donation 5 Other (Specify)	9		ATOMY BI)	155 W	BAUST 21201
21. SIGNATUME OF FUNERAL SERVICE LI	CENSEE /	25.98	22. NAME AND AODRESS OF FA	omy Board, B	Balto., Md.
23. PART I. Enter the diseases, pr shock, or heart fellure. IMMEDIATE CAUSE (Fins)	List only one ceuse on	each line.			Interval Between Onset and Death
diseese or condition	Caro	NANY	ALTERY	DIVERY	E IHA
resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF):		2130173	11112
	. ASCA	1			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF):			
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS	B A CONSEQUENCE OF):			
PART II. Other significant condition	os contributina to denti	but not moulting in	the underlying source class is	Book I are time an arrown	AV JAN MEDE MEDDAY SUBMICE
END STA	-	ENAL F	-	Part I. 24a. WAS AN AUTOP PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
HAPENK	ALEMIA ANDIAL M	70 CANDI	AL ENGARCT	700	1 - YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C		
1 YES 2 NO	1 Inpetient 2 DER/O		THER: Nursing Home 5 Residence	8 D Other (Specify)	
27. MANNED-OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Yea		DF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, etc. (S	RY — At home, farm, stre	eet, factory, office	281. LOCATION (Street and Nun City or Town, State)	mber or Rural Route Number,

29s. CERTIFIER

(Chack prile (C

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

Ganshaul	LIM DME	D 21809	1-23-90
30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	rint)	
G.S. PRABHU	1810 BELAIR M)	FALLSTON NO	21047 .
31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNATURE		

29d DATE SIGNED (Month Day Year)

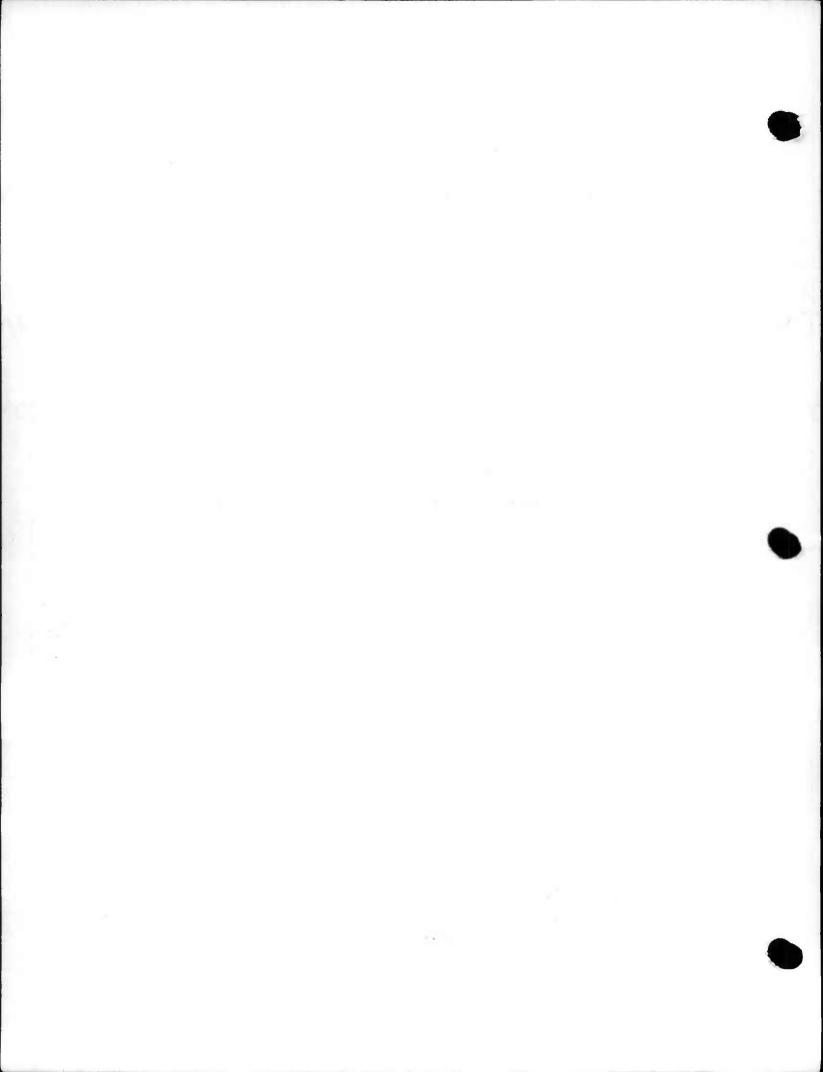
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transit permit. Pages 1, 2, 3 should

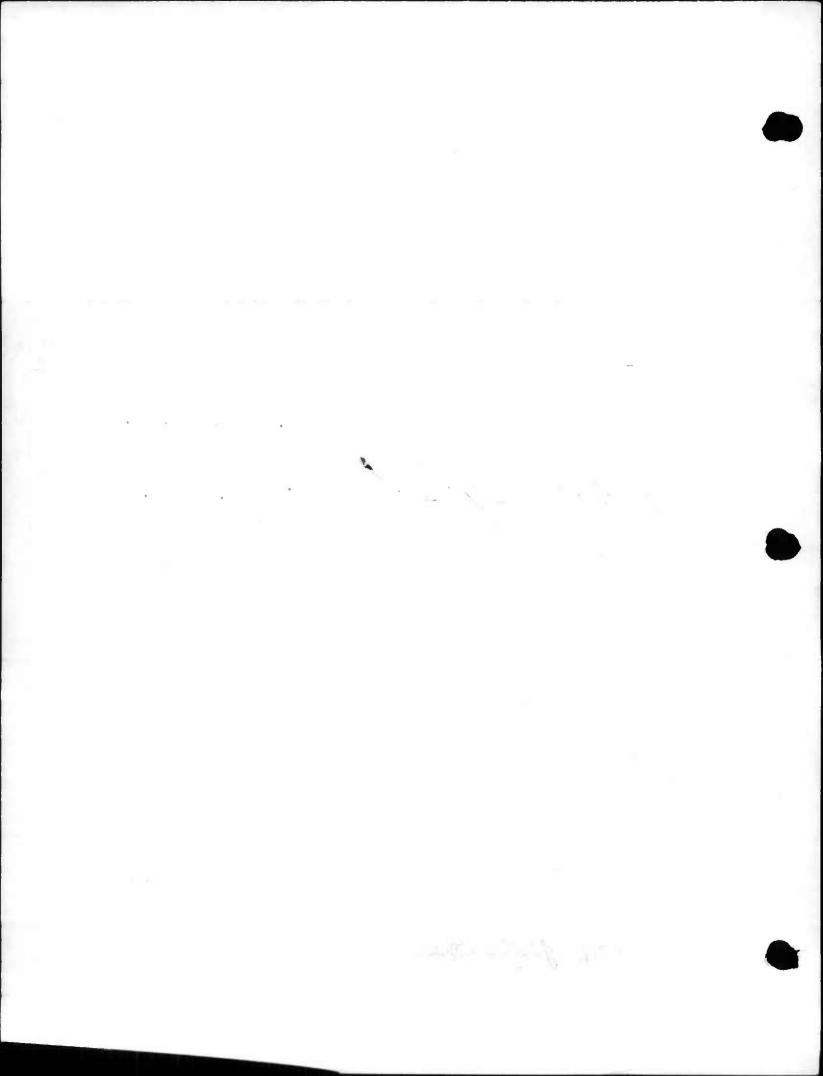
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its mount death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hydrer prior to burist, cremation, or removal.	THE CHICAGO IN THE MAN TO THE TANK THE
--	---

	1 - FOR STATE REGISTRAR	STATE OF MARYL		PARTMENT OF		MENTA	L HYGIEN	90)-á	038
	1. DECEDENT'S NAME (First, Middle, Last) FAIRET LA		BAI	KER		2. DATE MONT	OF DEATH H DA		EAR	1:02 P
		. SEX 6. AGE (In yrs. last birth		AR IF UNDER 24 HRS.	7. DATE	OF BIRTH	6	BIRTHPLA	CE (State or Foreign
	2 14 - 76 - 10 18 9a. FACILITY NAME (If not institution, give stree		5 YF		N OR LOCATION OF D	1	3 0 / 5 5	9c. COUNTY		YLAND
DIRECTOR	Francis Scott Key		enter		ltimore Ci					
EC	10a. STATE 10b. COUNTY		10c	CITY, TOWN OR LO	CATION				100	I. INSIDE CITY
	MD.		B	BALTIMO	RE				11	YES 2 NO
AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
Ä	515 SAVAGE ST.				21224			U.S	. A .	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2) NO	If yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES 2 X NO Speci	an, Puarto			Specify:	
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION npleted)	(Give kin	NT'S USUAL OCCUI d of work done durin OT use retired.)		166	. KIND OF BUS	· ·		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		PLOYED						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRESS (Str	eet and Number or Rural	Route Num	ber, City or Town	n, State, Zip Co	ode)	
2	ANGELA BOGGS (foster Mo	m) 5	15 Sava	age St.,	Bal	timor	e, Mo	a. 2	1224
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Ramovs 4 □ Donation 5 ② Other (Specify) ⊥ Ω □	I from State	other place)	SPOSITION (Name of	f cemetery, crematory or		20c. LO	CATION - CR	y or Town,	Stata
ĺ	21. SIGNATUME OF FUNERAL SERVICE LICEN			22, NAN	E AND ADDRESS OF F	ACILITY				
	Daniel 1111	ble 7-23	CA	S+:	ate Anat	O M V	Board	Ba.	1+0	ма
NOIL	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Near Drow DUE TO (OR AS A	ning W	vith Comp ce of):						Approximate Interval Batwee Onset and Deat
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENC	CE OF):						
	PART II. Other significant conditions Cerebral Palsy	contributing to death b and Mental			lying cause given in	Part I.	24a. WAS AN PERFOR	MED?	AM	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL						_	INSPEC	CTION		YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATH (C	heck only o	ne)			
Sic		łOSPITAL: X Inpatient 2 □ ER/Outp	patient 3 🗆 D	OA 4 Nursing	Home 5 - Residence	8 🗆 Oth	er (Specify)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	286	TIME OF 280	INJURY AT WORK?		SCRIBE HOW I			
BY	1 Natural 5 Pending XXX Accident Investigation	6-30-90			TES 2 X NO					o pool &
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	clfv)	erm, street, factory, foster h		City	CATION (Street of Fown, State)	515	Savac	e Number, drown je St.,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know				e to the ca	ruse(a) and mai	nner as stated		d manner as stated.
	290. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					onth, Day, Year)
BE	mara	\sim			oct				7-8-9	
2	30. NAME AND ADDRESS OF PERSON AND	OMPLETED CAUSE OF DE	EATH (ITEM 27)	(Type, Print)	30.	_				
	Ann M. Dixon, M.I			111 Pe	nn Street	, Bal	timore	, MD	2120	1 vl
	JUL 2 6 1990 See	32 REGISTRAR'S TO	A 100							



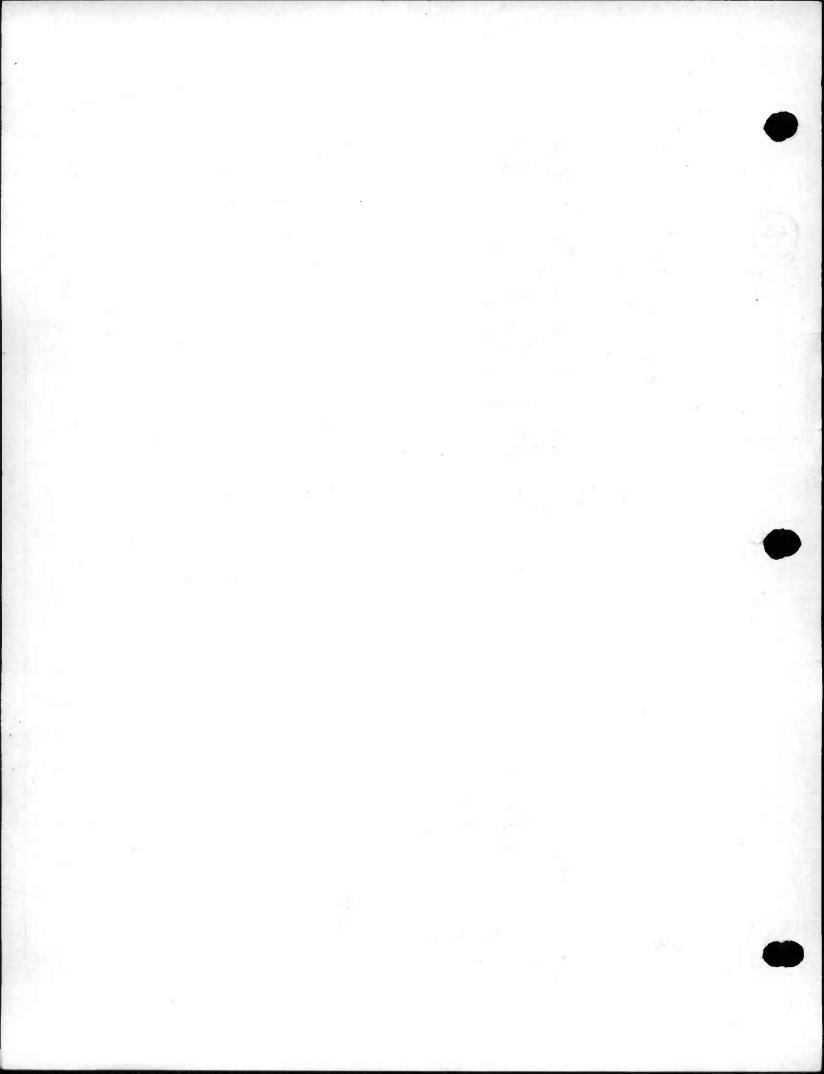
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND

1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN REG. NO	- 4//	-2038
1. DECEDENT'S NAME (First, Middle, Le Henry 4. SOCIAL SECURITY NUMBER	Crawford	Jr.			2. DATE OF DEATH		
240-28-3836 Be. FACILITY NAME (If not Institution, gi	1 🖂 M 2 🗆 F 67 -7	yrs. last birthday) 7. YRS.		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Vest)	23 8. COUNTY	NRTHPLACE (State or Foreign ountry) N.C.
458 E. Feder RESIDENCE OF DECEDENT 100. STATE 10b. COU		I 100 CIT	Balt	imore			104 INDIOE CITY
M D			altimo			Lan CITITEN	10d. INSIDE CITY LIMITS? 1XXYES 2 NO OF WNAT COUNTRY?
458 E. Feder				21202		US	A
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, t		NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)		RACE — American Indien, Black, White, etc. Specify: BIACK
15. DECEDENT'S & (Speedly only highest gi	College (1-4 or 5+) UNKNOWN		work done during r se retired.)	nost of working n Worke	r Chili	siness/industrian	
17. FATHER'S NAME (First, Middle, Lest) Henry Cr	awford Sr.			Carr		Richa	rdson
190. INFORMANT'S NAME (Type/Print) CATHERINE CRA	WFORD	196. MAILING	ADDRESS (Street	end Number or Rural SEA RD.	BALTIMO	RE, M	5. 21239
20a, METHOD OF DISPOSITION 1	emoval from State	PLACE OF DISPOS	SITION (Name of o	emetery, cremetory or	20c. LC	CATION — City	or Town, State
21. SHOTHARLIPE OF SCHERAL SERVICE	18. SIG	Ras	ROD 464	AND ADDRESS OF FA	SYKES FU	FEAT.	SERVICE
23. PART L Enter the diseases, shock, or heart fails IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. METAS DUE TO (OR AS A C	TATIC	RE		CANCE		Approximate interval Between Onset and Dea
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b						
PART II. Other significent condi DIABETE S INSUFFICIO	HYPERT	t not resulting	in the underly	ng couse given in		RMED?	24b, WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 AO	HOSPITAL:	tient 3 DOA	OTHER:	PLACE OF OEATH (C	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. I	NJURY AT VORK?	28d. OESCRIBE HOW	INJURY OCCURE	0
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm,	street, factory, of	lice	26f. LOCATION (Street City or Town, Statu	end Number or R	ural Route Number,
one on only	IYSICIAN: To the best of my knowle						use(s) end menner as stated.
29b. SIGNATURE AND TITLE OF DEATH	lund Sz	> mc	>	D /7	IMBER 131	29d. DATE SIG	SNED (Month, Day, Year) 3 JULY 90
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type Bo	a Himi	re, Ma	131 ryland	21202	
31. DATE FILEO (MOTIN, Day, Your)	Aulia Davidson-A	TURE	4		J		3



	ľ	OECEDENT'S NAI	ME (First, I	Middle, Last)	。 c	ARTE	-R							TE OF OEAT
	13	349-52	Y NUMBE	160	5. SEX	6. AGE (In		birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DA	TE OF BIRTH
Œ	8	a. FACILITY NAME		titution, give :	street and number)	01-7					OR LOCAT			mD
RECTOR	-	RESIDENCE O	F DECE			SPITA	1 (_	10c, CIT	r, town (TORE	1	
0	L	MD							LTI	MOR	E (CITY	′	
FUNERAL	ľ	4819		RING	RUN DE	RIVE				101	212			
BY FUN	1	1. MARITAL STATUS Never Married Widowed 4	2 🗌 N		12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 NO	IED O		If yes, sp		an, Mexic	an, Puar	GIN? (Specif to Rican, etc
TED	L		ecify only	OENT'S EOU highest grade	completed)		(GIV	e kind of	USUAL O		ON ast of work	ing		16b. KIND OI
COMPLETED	L	9th			College (1-4 or 5	+)				CI	TY	F00[SERV
BE CO	1	7. FATHER'S NAME ANDY		Idle, Lest)	N							MANI		EAST
TO B	F	THELP			R CROCK	ER		MAILING 819			nd Numbe			umber, City o
		Ga. METHOD OF D			noval from State	20b. I	PLACE O	F DISPO	C E	me of cer	metery, cre	matory or		20
	-	Donation 5			CENSEE A						NO ADORE	ESS OF F/	ACILITY	
	1	23. PART. Ente	r the dis	W osses, or	complications th	at ceused	the dee	ith. Do i						.H.]
ERTIFICATION		23. PART. Enter shoot MMEDIATE CAU disease or conditional resulting in deet sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated evereaulting in deat	isk, or her ISE (Fine Ition It	ert fellure.	a	METO (OR AS A C	CONSECUTOR	UENCE O	TIC F): IA	the mo	ode of dy	/ing, au	ch ea c	erdiec or
MEDICAL CERTIFI		ahoc MMEDIATE CAU disease pr cond reaulting in deel Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated evereaulting in deal	econdition condition or injurenta	ert feilure.	a	METO (OR AS A CO) (OR AS A CO)	CONSECUTIONS	UENCE O	TIC FI: IA FI:	L(ode of dy	ring, au	AN	CER
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BY PHYSICIAN: MEDICAL CERTIFI	2	MMEDIATE CAU disease or cond reaulting in deel reaulting in deel reaulting in deel reaulting in deel reaulting in deel reaulting in deel reaulting in deal	condition into the condition of immed the condition of immed the condition of information of information into the condition of information of information into the condition of	ona, late HG Y Londition MEDICAL rending investigation could not be determined FYING PHYS CAL EXAMIN	a. DUE TO b. OUE TO c. DUE TO d	DO (OR AS A CO) (O	CONSECUTION AT NOT THE AT HOME	UENCE O UENCE O UENCE O DOA 20b. Till IN. ne, ferm,	OTHE 4 Number of FURTY M	26. PR: sing Hon 28c. IN. tory, office	g causa g causa g causa JURY AT JUR	given in	A A A A A A A A A A A A A A A A A A A	24a, We pe 1 V v one) Where (Specify or Town, cause(a) and cause(a) a

STATE OF MARYLA	ND / DEPAR CERTIF			TH	REG. NO.	-//	1-0	2038
MAE CARTE	R	421		2.	OATE OF OEATH	3	YEAR 3.	4:30 A
6. AGE (In 6) 1 1 M 2 A F 5 9	yrs. lest birthday) YRS.	IF UNDER 1 YE.		R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	3!	Country)	S. C.
tion, give street and number) WOOD HOSPITA	_		WH OR LOCAT	TORE	mo	_	ALTI/	
. COUNTY		LTIMO		CITY				1. INSIDE CITY LIMITS? YES 2 NO
ING RUN DRIVE			10f. ZIP COI	214		10g. CITIZI	USA	COUNTRY?
12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes		sn, Mexican, P	ORIGIN? (Specify Yes uarto Rican, etc.)	or No-	Black, W	American Indian, hita, atc.
IT'S EOUCATION est grade completed) College (1-4 or 5+)	6a. DECEDENT'S (Give kind of wilde. Do NOT us) BALTIN	rork done during e retired.)	g most of work	FOOD	SERVIC		STRY	
EMAN				THER'S NAME	(First, Middle, Malden FEASTE		EMAN	
RTER CROCKER	19b. MAILING 4819	ADDRESS (Str HERR	ING	er or Rural Rout RUN DI	e Number, City or Tow R. – BALT	n, State, Zip (I MORE	Code)	21214
20b. I City) 20b. P A	RKWOOD	CEME	TERY	ematory or		CATION — C		
RVICE LICENSEE		22. NAM		ARCH		01 E.	. NOF	RTH AVE.
	ASTA	tic L				iratory arre	st,	Approximate Interval Betwee Onset and Deat
b. PNE	UMUN	A						
cDUE TO (OR AS A C	ONSEQUENCE OF	ቫ ፡					-	
onditions contributing to deeth but	not resulting	n the under	lying causa	given in Pa	rt I. 24a. WAS AN PERFOI 1 YES 2	AMED?	AM CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 4 NO
HOSPITAL:	lent 2 DOA	OTHER:		DEATH (Check				
26e. DATE OF INJURY (Month, Day, Year) sing	28b, TIM	E OF 280 URY	INJURY AT WORK?	20	Other (Specify)	INJURY OCC	URED	
d not be building, etc. (Specification)		street, factory,	offica	26	of. LOCATION (Street City or Town, State,		or Rural Rout	Number,
NG PHYSICIAN: To the best of my knowle EXAMINER: On the basia of examination								d menner as stated.
CERTIFIER				CENSE NUMBE	R			onth, Day, Year)
RSON WHO COMPLETED CAUSE OF DEAT	"H (ITEM 27) (Types	Print)	i A			alti	٠,٠	00 0



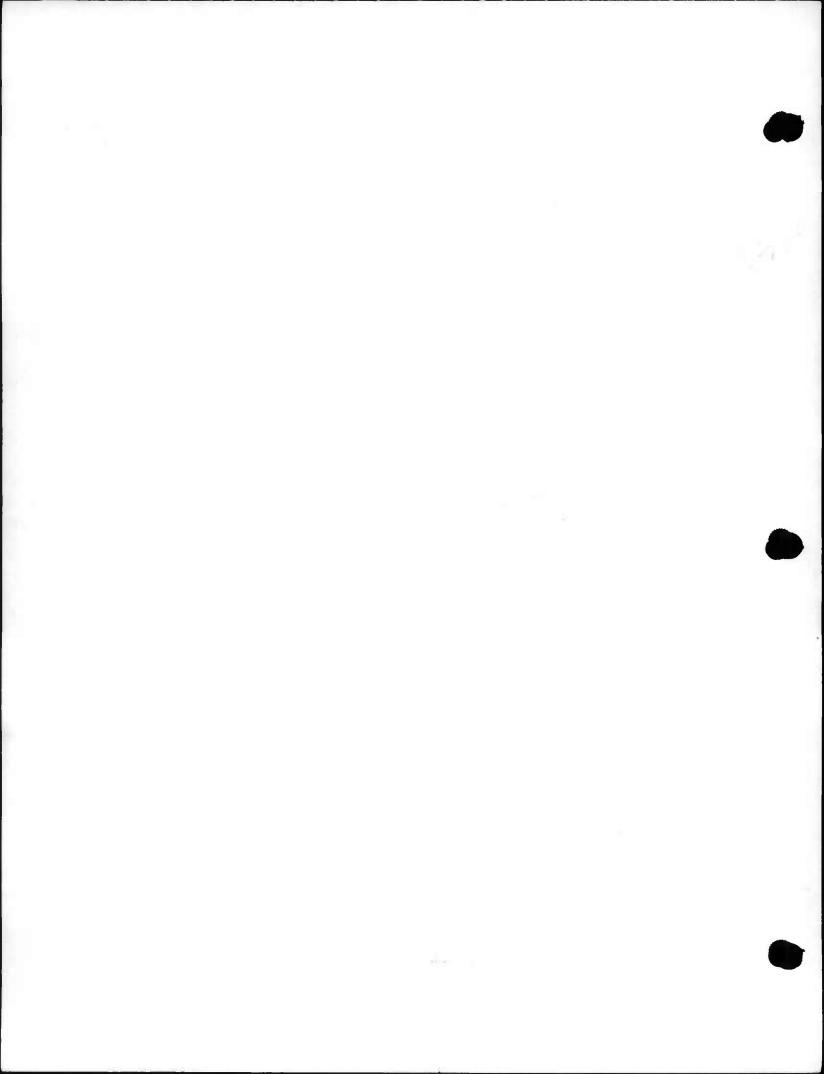
BALTIMORE, MARYLAND 21203-31461	ter death. Page 6 may be retained by the hospital or attending process.	the funeral director, page 5 should be detached for use as the funeral mentile. Pages 1, 2, 3 should byai.	al examiner must be notified at once.	COTOGRAP INCOME TARGET INCOME TO CT
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The iaw requires that the death certificate be executed within fours after leath. Page 6 may be retained by the hospital or attending promiting	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the transferent permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COURT CAME TATE BY DEVOICEMENT MEDICAL CERTIFICATION

	1 - FOR STATE OF REGISTRAR	MARYLAND / DI CER		MENT OF CATE OI			NTAL HYGIENI REG. NO.	$E \subseteq \mathcal{C}$	0-0	20390
	1. DECEDENT'S NAME (First, Middle, Last) Gloria M. Counihan					- 1	uly 24,	199	YEAR	3. TIME OF DEATH A M
	4. SOCIAL SECURITY NUMBER 6. SEX	6. AGE (In yrs. last bir		IF UNDER 1 YEAR	-		DATE OF BIRTH	1100		PLACE (State or Foreign
2		61	YRS.			1	(Month, Day, Year) 2-26-28		Md.	
m	Sa. FACILITY NAME (If not institution, give street and number)		1	9b. CITY, TOWN				9c. COU	NTY OF DE	ATH
CTOR	305 S. Fagley Stre	et		Balt	more	. Md	•	L		
DIREC	10a. STATE 10b. COUNTY	18		TOWN OR LOC					- 1	10d. INSIDE CITY LIMITS?
	Maryland 10s. STREET AND NUMBER		Во	altimo	OTE IOI. ZIP CODE			10a CIT		1 X YES 2 NO
ERA	305 S. Fagley Stree	-				1224			S.A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECED	ENT EVER IN U.S. ARMED	D		ECENDENT O	F HISPANIC	ORIGIN? (Specify Yes Pusrto Ricsn, etc.)		14. RACE	— American Indisn, Whits, atc.
BY F		WAR OR DATES			S 2X NO		rustio Hicsii, etc.)		11111111111	nite
ED	15, OECEDENT'S EDUCATION	18a. DECEC	DENT'S U	SUAL OCCUPA	TION		16b. KIND OF BUS	SINESS/IN		1100
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	life On	NOT use	,		a				
COMPLET	8th		hon	nemake	-		hor			
	17. FATHER'S NAME (First, Middle, Last)						(First, Middle, Malden	Sumame)		
BE	Isaah Maccentelli 19a. INFORMANT'S NAME (Type/Print)	19b. M	IAILING A	ADDRESS (Stree			fone te Number, City or Town	n, State, Zi	p Code)	
임	Charles Counihan	305	s.	Fagl	Lev S	tree	t. Balt:	imor	e. M	id. 21224
	20s METHOD OF DISPOSITION 1-1 Burlel 2 Cremation 3 Removal from State	20b. PLACE OF other place)	DISPOSIT	TION (Name of	cemetery, crem	atory or	20c. LO	CATION —	City or Tow	vn, Stats
	4 Donation 5 Other (Specify)	Ho	oly	Redee	mer	Ceme	tery 1	Balt	imor	e. Md.
	21. SIGNATURE OF POWERFUL SERVICE LICENSEE	0	2							eral Home
	23. PART I. Enter the diseases, or complications to	uno X	,				ling St			224
	shock, or heert failure. Wist only one of	euse on each line.				8.11		ratory ar	rest,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	O (OR AS A CONSEQUE	~	07 Th	a St	m	ach			Oliset and Death
	resulting in death) a	O (OR AS A CONSEQUE	NCE OF):	0						
S O	Sequentially list conditions,	O (OR AS A CONSEQUE	NCE OD-							
EX	if any, leading to immediate cause. Enter UNDERLYING	0 (011 743 74 001132002	.noe or).	•						
틸	that initiated events	O (OR AS A CONSEQUE	NCE OF):	:						
CERTIFICATION	resulting in death) LAST									+
CAL	PART II. Other significant conditions contributing	to death but not resi	ulting in	the underly	ing cause g	lven in Pa	ert I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							1 [] YES 2	NO		OF DEATH?
MED							-			1 WES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF D	EATH (Checi	k only one)			
Sic	EXAMINER? 1 YES 2 NO 1 Inpution :	ER/Outpatient 3		OTHER: 4 - Nursing H	ome 5 Re	sidence 8	Other (Specify)			
РНУ	27. MANNER OF DEATH 28a. DATE (Month	Dey, Year)	86. TIME INJU	RY	NJURY AT WORK?		86d. DESCRIBE HOW I	NJURY O	CURED	
BY	2 Accident Investigation	OF INJURY — At home	form et		YES 2	_	281. LOCATION (Street	and Mumbi	or or Primi D	loude Mumber
윤	3 Suicide 8 Could not be buildle 4 Homicide determined	g, etc. (Specify)	, 101111, 011	iset, isotory, o	1100		City or Town, State))	N OF THE ETT	outo Humou,
COMPLET	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the best	of my knowledge, death	occurred	d at the time, d	ate and place.	, end dus to	the cause(s) and ma	nner as st	nted.	
OM	one) 2 MEDICAL EXAMINER: On the basis of	sxamination and/or inve	estigation	, in my opinior	, death occur	ed at the ti	me, dats and place, ar	nd due to	the cause(s)	snd manner es stated.
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	Kun	(n +++		29c. LICE	ENSE NUMB	ER	29d. DA	TE SIGNED	(Month, Day, Year)
2	Valent fice	m), M),	14115	evelin		715	64		フーよ	5-90
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C			BANK	ST	2	1224			
	31, DATE FILED (Month, Day, Year)	RADIC SIGNATURE	L	,,,,,,,	-		.0			
	HUL 26 1990 guild fall down	-Northanne								

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DALIMONE, MANIL	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	De flied Wittin 72 hours after death with the State Cept. Or regult and regular hypere prior to defect, commend, or learn 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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DIVISION OF VITAL RECORDS, F.O. BOX 13146,	2	ician	une.
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n	ME	CTOR	28
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	98	UNE	ANT
	포	H	S S
	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal things and the physician and completely filled in by the formal things and the physician and completely filled in by the formal things and the physician and completely filled in by the formal things and the physician and completely filled in by the formal physician and completely filled in by the formal physician and completely filled in by the formal physician and completely filled in by the formal physician and completely filled in by the formal physician and completely filled in by the formal physician and completely filled in by the formal physician and completely filled in by the filled in the physician and completely filled in the physician and completel	8 3

	FOR STATE REGISTRAR	OF MARYLAND / DEP	ARTMENT OF		ITAL HYGIENE REG. NO.	90-	20391
,	John B JOHN	B. CLAYTOM 98	ayton		DATE OF DEATH	-90 YEAR	3. TIME OF DEATH AM
i.	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MONTHS DAYS	IF UNDER 24 HRS. 7. E	OV. 8,19	12 C	RTHPLACE (State or Foreign untry) ANADA
TOR	98. FACILITY NAME (If not institution, give street and nu St. Joseph H	ospital	96. CITY, TOWN	NSON	,	Balt	MORE
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	10c.	BALTIMO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 5755 MAPLE HILL RD.			0f. ZIP CODE 21239			F WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 12. WAS E FORCE	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 NO S, GIVE WAR OR DATES	If yes,	ECENDENT OF HISPANIC O specify Cuben, Mexican, Pu		or No- 14. R/	ACE — American Indien, leck, White, etc. pecify: WHITE
COMPLETED		(Give kind life. Do NO	of work done during of use retired.) ANICAL EN	nost of working	16b. KIND OF BUSI		
BE COM	17. FATHER'S NAME (First, Middle, Last) LUTHER A. CLAYTON	- PILCIN	ANTOAL LI	16. MOTHER'S NAME (F	First, Middle, Maiden S		LNOINLEN
10	190. INFORMANT'S NAME (Type/Print) ELIZABETH V. CLAYTON			end Number or Rural Route HILL RD. E			
	20e. METHOO OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from 5 4 Donation 5 Other (Specify)	State other place)	SPOSITION (Name of	TH 7/27/90	ROS	SSVILLE	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DENNIS CAPITAN	10	NARD J. RUC	BALII		. 21214 FORD RD.
	23. PART I. Enter the disease, of complication ehock, or heart fellure. Liet only IMMEDIATE CAUSE (Finel disease or condition resulting in death)			,	cerdiec or reepir	atory arrest,	Approximete Interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE DU	Eart I	sease			
AL	PART II. Other significant conditions contribu	uting to deeth but not resulti	ing in the underly	ing cause given in Pari	24a. WAS AN A PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC							1 TYES 2 NO
YSICIA		tlent 2 - ER/Outpatient 3 - DO	OTHER: 4 Nursing H	PLACE OF DEATH (Check of ome 6 - Residence 6 -	Other (Specify)		
ВУ РН	1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year)	M 1 [WORK? YES 2 NO	d. DESCRIBE HOW IF		
	4 Homicide datermined	PLACE OF INJURY — At home, fai building, atc. (Specify)	erm, street, factory, o	7100	I. LOCATION (Street e City or Town, State)	nd Number or Hu	rai Houre Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the interpretation of the interp	he best of my knowledge, death oc basie of examination end/or investi-					se(e) and manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER RICHARD L. LINT	ticom MD		D3182			NED (Month, Day, Year) 24-70
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLE	KICUM ND	(Type, Print) Samt	Toseph	s Host	S.B	A. Md.
	JUL 26 1990 fiche Sa	REGISTRAR'S SIGNATURE					DHMH-16 Rev 1/89

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

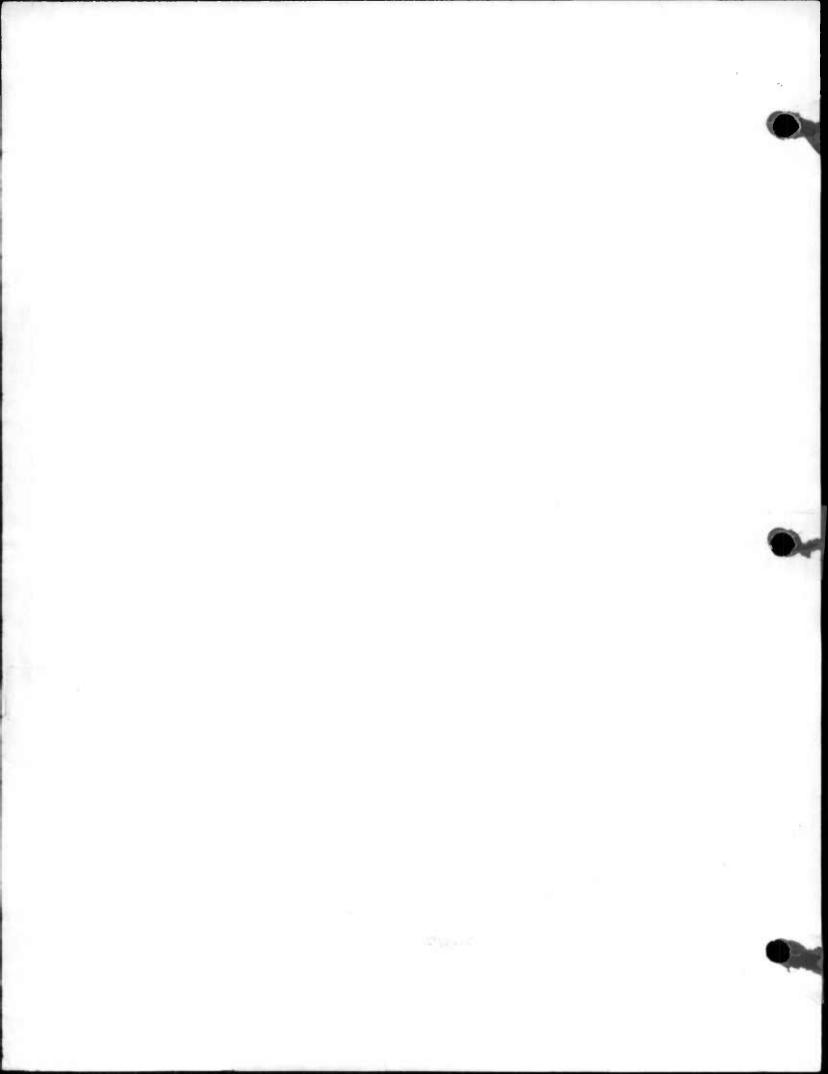
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.— urs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	444.4						DEATH		REG. NO.	10			_
DECEDENT'S NAME (First,	, Middle, Last)		roatov			Corr	Txx	MON	e of Death TH 22	Y	90	6:25 P	
JOHN SOCIAL SECURITY NUMBER	aco.	5. SEX	Lester			DER 1 YEAR	Jr.	6	E OF BIRTH			HPLACE (State or For	-las
77-70-63		1 X M 2 F		v	RS. MONTH	1	HOURS MIN.	(Mor	ith, Day, Year)		Count		
FACILITY NAME (# not in	astitution, give s		40			ITY, TOWN	OR LOCATION OF D		2/4/50		NTY OF E		1,
960 Ellswon							thersbur			//		omery	
SIDENCE OF DEC		TAG						9		LIN	01109		
. STATE	10b. COUNTY				c. CITY, TOW							10d. INSIDE CITY LIMITS?	
MD.		GOMERY			GAITH					1000000		1 YES 2 1	10
016 Gree		v Mar				16	of, ZIP CODE					WHAT COUNTRY?	
	ii Kui	-					ATMENT OF 1100		410.00		. S . F		
MARITAL STATUS Never Married 2	Married	12. WAS DECEDEN	YES :	2 NO		If yes, s	CENDENT OF HISPA pecify Cuban, Maxico	in, Puarto		or No		E — American India ck, White, etc.	٦,
Widowed 4 Divo		IF YES, GIVE	MAR OR DATE	ES		1 YE	S 2 NO Specif	y:			Spec W F	ony: HITE	
	EDENT'S EDU		16	6e. DECEDI	ENT'S USUA	L OCCUPATI	ION	16	b. KIND OF BU	SINESS/INC			
(Specify onli Elementary/Secondary (C	ly highest grade 0-12)	College (1-4 or 5	+)	(Give ki	nd of work do NOT use retire	one during m od.)	lost of working						
				Cons	struc	ction	n Worke:	c !	ľakoma	Pk	. M∈	etro	
FATHER'S NAME (First, M							18. MOTHER'S NA			Surname)			
OHN LEST	ER CO	OX SR.					GERTRI	JDE	COX				
INFORMANT'S NAME (Type/Print)			19b. M/	AILING ADDR	RESS (Street	and Number or Rural	Route Nu.	mber, City or Tow	n, State, Zij	Code)		
METHOD OF DISPOSIT Buriai 2 Crematic Donation 8 Other	TION on 3 ☐ Rem	oval from State,	20b. P	ther place).	DISPOSITION	(Name of ce	emetery, crematory or		20c. LO	CATION —	City or T	own, Stata	
			e rem	iova.	L								
SIGNATURE OF FUN RA													
. X	AL SERVICE LI	1					AND ADDRESS OF F						
ahock, or h MEDIATE CAUSE (Fineses or condition	fisésses, pr naart failure.	complications the	use on eac	he death. h iina.	. Do not er	Stat	te Anat	omy				Approxime interval Ba Onset and	twe
ahock, or h MEDIATE CAUSE (Fileseas or condition pulting in death) quantially list conditions, leading to imme use. Enter UNDERLY USE (Disease or injuly)	disesses, present feiture.	complications the List only one call. a. NARCOTI DUE TO DUE TO C.	at csuaed to use on eac	OXICA	Do not en	Stat	te Anat	omy				Approxima	twe
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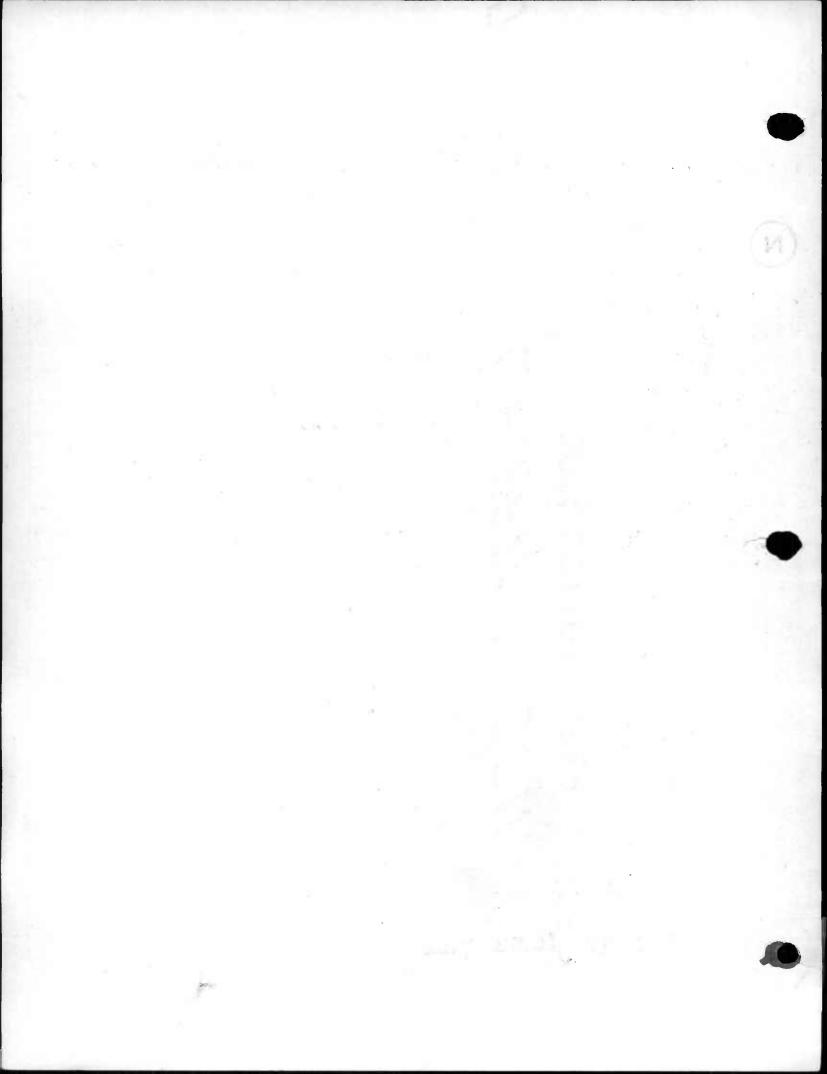


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	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	b. DUE TO DUE	D (OR AS A CONSECTION OF INJURY — At her (Specify)	OUENCE O OUENCE O OUENCE O Teeulting 28b. Tiff IN	OTHER 4 Nurs ME OF JURY M street, factored at the til	derlying 28. PLA 28. PLA 28. Injuing Home WOR 1 YE 29. Offica ma, data a	Ceuse of December of the Ceuse of December of the Ceuse of December of the Ceuse of	given in	Part 1. 6 Other 28d. DES 28f. LOC. City of	24e. WAS AI PERFO	N AUTOPSY RMEO? 2 NO INJURY OC and Number anner as sta	24th	Interval Betwee Onaet and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlited events reaulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	b. DUE TO DUE	D (OR AS A CONSECTION OF INJURY — At her (Specify)	OUENCE O OUENCE O OUENCE O Teeulting 28b. Tiff IN	OTHER 4 Nurs ME OF JURY M street, factored at the til	derlying 28. PLA 28. PLA 28. Injuing Home WOR 1 YE 29. Offica ma, data a	Ceuse of December of the Ceuse of December of the Ceuse of December of the Ceuse of	given in	Part 1. Beck only on 6 Other 28d. DE\$ 28f. LOC. City of to the cau time, data	24e. WAS AI PERFO	N AUTOPSY RMEO? 2 NO INJURY OC and Number anner as sta	24th	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlited events reaulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	B. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A. DUE TO DUE TO	Use on each line C C C O (OR AS A CONSE O (OR	OUENCE O OUENCE	OTHER A Hurs	derlying 28. PLA 1: WOR 1 VE 29. Office ma, deta a pinion, dec	Ceuse of December of the Ceuse of December of the Ceuse o	given in BEATH (Chaseldance NO NO NO Red at tha	Part 1. Beck only on 6 Other 28d. DE\$ 28f. LOC. City of to the cau time, data	24s. WAS AI PERFO 1 YES o) (Specify) CRIBE HOW ATTON (Street Fown, State se(a) and ma	N AUTOPSY RMEO? 2 NO INJURY OC and Number anner as sta	24th	Interval Betwee Onaet and Dec

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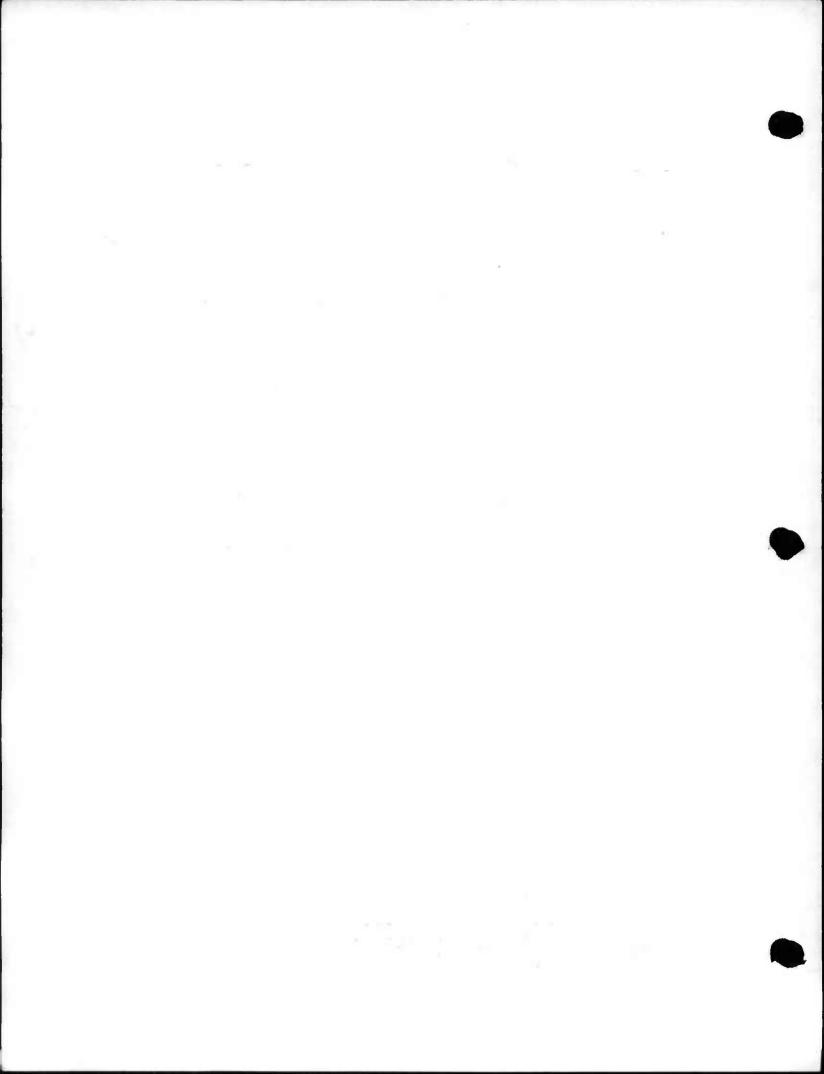
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns affer death. Page 6 may be retained by t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremationi, or removal.	IMPORTANT: It from 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at
ATIO	RA	7	2
OSF	JNE	thic	N
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王	H	fiec	00
2	2	2	2

FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIE REG. N	7/ /	1-2039
1. DECEDENT'S NAME (First, Middle, VOTIE	D. DIXON	1			2. DATE OF DEATH	DAY 2 3 YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 578-52-5930	5. SEX 6. AG	SE (In yrs. last birthday) 94 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month. Day. Year)		MRTHPLACE (State or Foreign country) mmond, Texas
9a. FACILITY NAME (If not institution,			эь. city, тоwn о Frede		EATH	9c. COUNTY	
1721 Spring Ho						Fre	derick
7721 Spring Ho RESIDENCE OF DECEDEN 10a. STATE 10b. CO DC	DUNTY		, town or locat ashingto				10d. INSIDE CITY LIMITS? J. YES 2 NO
			101.	ZIP CODE			OF WHAT COUNTRY?
10e. STREET AND NUMBER 4815 IOWA AVE 11. MARITAL STATUS 1. Many Married 2. Married	NW 12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	20011 ENDENT OF HISPA	NIC ORIGIN? (Specify)	USA	RACE American Indian,
3 Widowed 4 Divorced	FORCES? XIX Y	ES 2 NO		cify Cuban, Mexic	an, Puarto Rican, etc.)		Black, White, atc. Specify: Black
15. DECEDENT'S (Specify only highest	grade completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION CONTROL OF THE CONT	IN st of working	16b. KIND OF 8	USINESS/INDUST	RY
12 Yrs	2 Yrs	Secreta.					
15. DECEDENT'S (Specify only highest 12 Yrs) 17. FATHER'S NAME (First, Middle, Latter 14 The state 15 The sta	0)			18. MOTHER'S N. Emily	AME (First, Middle, Maid LOVE	en Sumeme)	
19a. INFORMANT'S NAME (Type/Print) Gloria DeLaut		19b. MAILING Same		nd Number or Rural	Route Number, City or T	own, State, Zip Coo	(e)
28e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Cl 4 Donation 5 Other (Specify,	Ramoval from Stata	20b. PLACE OF DISPOS other place) Ft Linco		netery, crematory or		centwood	
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE		3015	D ADDRESS OF F	NE, DC 20	Rhines, 0017	Co, Inc
Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Att DUE TO (OR A	AS A CONSEQUENCE OF	tie Co	rong V	oscula,	Disea.	r.
PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d	th but not resulting	in the underlying	g cause given i	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN- MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIO	CAL		26. PI	LACE OF DEATH (C	Theck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 🗆 DOA	OTHER: 4 Nursing Hom	ne 5 Residence	6 Other (Specify)		
M Natural 0 Pending			JURY WO	PURY AT DRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUR	ED
2 Deviate	ot be 26a. PLACE OF INJ	IURY — At homa, farm, (Specify)	street, factory, offic	•	26f. LOCATION (Stree City or Town, St	et and Number or i	Rural Route Number,
(Check only	PHYSICIAN: To the best of my k AMINER: On the bests of axemir	A					ause(s) and manner as stated
296. SIGNATURE AND TITLE OF CE	RIFIER			29c. LICENSE N	724	29d. DATE S	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	ersuill	e MJ.			
31. Dy E. TLED 40000, 201990	July Devidson	SIGNATURE SIGNATURE		7			-



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rours after death, Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for activity and Mental Minies prior to build. Cremation, or removal.	er traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certif	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it is not within 70 hours after death with the State Dect of Health and Merial Honleng prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

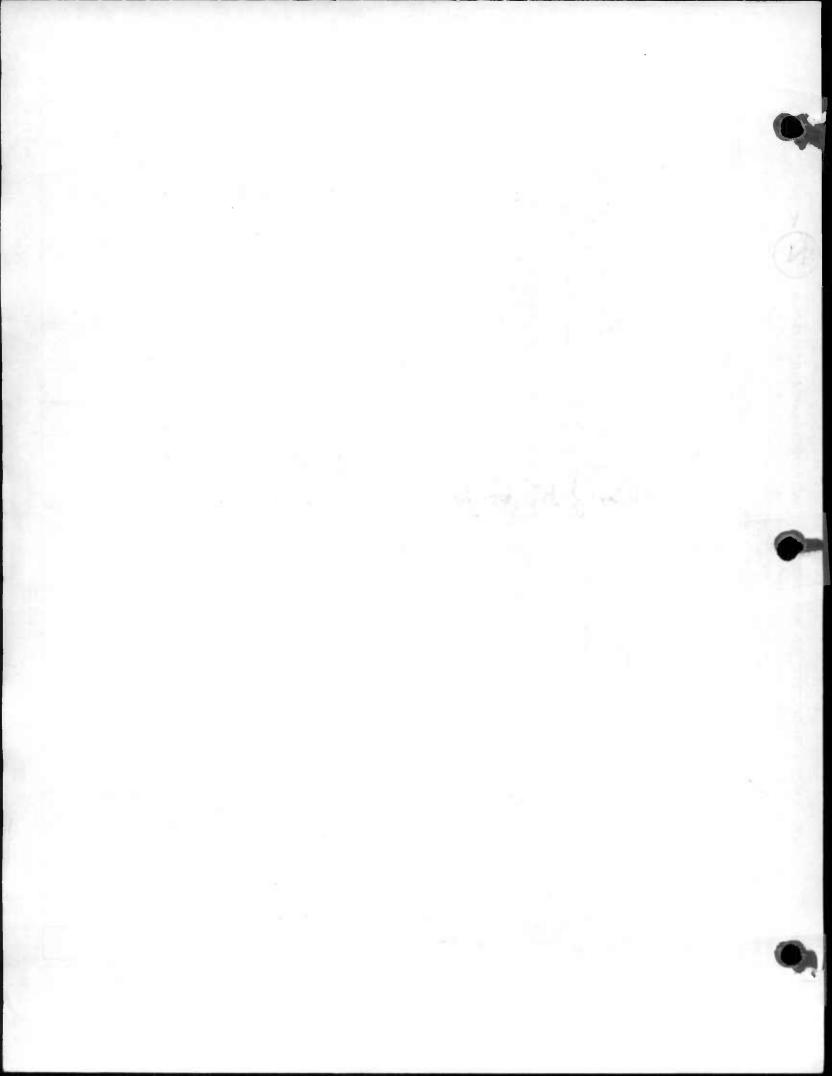
	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI CERTIFIC		EALTH AND ME DEATH	NTAL HYGIENE REG. NO.	90-	20395
ì	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH MONTH DAY	YEA	3. TIME OF OEATH
	Lillian]	Davenpor	t		July 25	1990	
	POCIAL SECURITY NUMBER	The state of the s	846	F UNDER 1 YEAR	IF UNDER 24 HRS. 7.	OATE OF BIRTH (Month, Day, Year)	6. B	NRTHPLACE (State or Foreign country)
	219-68-1250	1 □ M 2 💢 F 9.3				(Month, Day, Year) 8 9	-	
OR	96. FACILITY NAME (If not institution, give s Maryland Gene				n location of death imore Ci		9c. COUNTY	OF DEATH
딦	RESIDENCE OF DECEDENT 10e.STATE 10b. COUNT	Y	10c, CITY, 1					10d. INSIDE CITY
E	Ma. 106. COUNT		Balt	O ,				LIMITS?
FUNERAL DIRECTOR	190. STREET, AND NUMBER La fayet	te Ave.		101.	2 J 2 J 7		10g. CITIZEN	OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMEO		ENDENT OF HISPANIC		or No- 14.	RACE — American Indien, Black, White, etc.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR OA			city Cuben, Mexicen, Po 2 NO Specify:	uerto Hicen, etc.)		Specify:
	*	I T	40. DECEDENTIA 110			Tana union an inion		Black
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of wor life. Do NOT use if	RUAL OCCUPATION k done during most stired.)	N at of working	16b. KIND OF BUSI	NESS/INDUSTI	· Y
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	Domest			Dan	restic	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		V 0 111 C.3 10	700	18. MOTHER'S NAME			
C	John Henry Sto	krs			Lottio	Gardner		
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	OORESS (Street e.	nd Number or Rural Route			(e)
2	James Edward	Harris	5366	Carri	age Ct.	Balto.	Md. 2	1229
	20a_METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b.	RACE OF DISPOSIT	ION (Name of cen	netery, crematory or LL Cem.	20c. LOC	ATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI		700.000	22. NAME AN	lass Fur	TY	120 · 18	
	· Carlton	C. hour	land	1701	McCullo	ieral Se oh St. 2	rvice 1217	
	23. PART I. Enter the diseeses, or shock, or heart fellure.	complications that caused		enter the mo	de of dylng, such e	e cerdiec or reepir	etory errest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel							Onset and Death
	diseese or condition resulting in death)	e. No cause o	of death e	evident	at Autops	y, (Exami	ination	n of the Head
		OUE TO (OR AS A Clinical C	consequence of:	erebrova	scular ac	cident not	permi	ted)
CERTIFICATION	Sequentially liet conditions,	b	CONSEQUENCE OF):					
Ä	if sny, leeding to immediate ceuse. Enter UNDERLYING							
三	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
F	resulting in deeth) LAST	d						
	PART II. Other eignificent condition	ne contributing to death h	ut not moulting in	the underlying	s cause alven in Par	rt I. 24a, WAS AN	AUTOREV	24b. WERE AUTOPSY FINDINGS
CAL	THE STATE OF THE S	- contains the document	at not recurring in	the oncertying	Could given in rui	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			-			1 YES 2	□ NO	OF DEATH?
Σ						-		1 🕅 YES 2 🗌 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Check	only one)		
22	EXAMINER?	HOSPITAL: 1 1 Inpatient 2 ☐ ER/Outp		OTHER:	e 5 🗆 Residence 6			
H	27. MANNER OF DEATH	26e. OATE OF INJURY	26b. TIME	OF 26c. INJ	URY AT 28	d. DESCRIBE HOW IN	JURY OCCUR	ED
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	INJUI		RK? /ES 2 NO			
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, str	eet, factory, offic	26	St. LOCATION (Street e City or Town, State)	nd Number or R	tural Route Number,
	4 Homicide determined					0.1, 0.1.0,		
PLE	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occurred	at the time, date	end place, end due to	the cause(e) end man	ner ee stated.	
COMPLETED	anel	ER: On the basic of examination	n end/or investigation,	in my opinion, d	eeth occured at the tim	e, date end place, en	d due to the ce	ruse(e) end manner as stated.
Ü	29b. SIGNATURE AND TITLE OF CERTIFIE		1		29c. LICENSE NUMBE	R		GNED (Month, Day, Year)
) BE	× Leila Ky	itteh (n.D. p	4u		n/a		→ 7.	26.90
٩	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)				
	Khudr Burjak, I	M.D.	c/o Man	ryland	General	Hospit	a1	
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE					



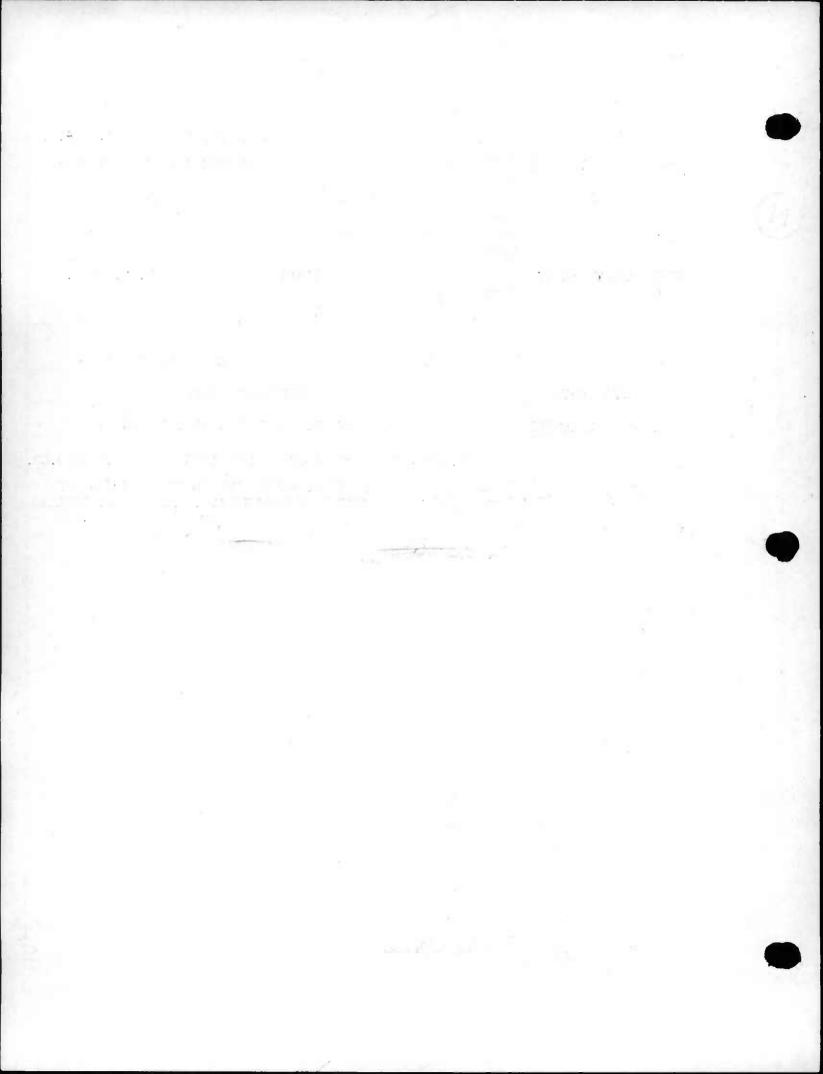
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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tremation, or removal.	se notified at once.
	Nours after death. Page 6 may	ed in by the funeral director, pa , or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		fy fill ation,	the
13146,	acuted with	and complete burial, cremi	atic event,
BOX	ificate be ex	physician a	ther traum
, P.O.	death cer	e attending fental Hygi	ury, or o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any inj
VITAL	IAN: The lav	tificate has e State Dep	or item 23
OF	PHYSICI	r this cer	arked, c
DIVISION	DR ATTENDING	DIRECTOR: After hours after death	item 28 is ma
	O THE HOSPITAL	o THE FUNERAL e filed within 72	MPORTANT: If

STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Le			RTIFICA		DEATH		REG. NO.	10	0	1001
	Otho \		GR		Jr.	July	23, 1	990	RASY	8:15 P
4. SOCIAL SECURITY NUMBER 218-18-1894	1 🖄 M 2 🗆 F	. AGE (In yrs. les	YRS. MON		IF UNDER 24 HRS.	Jan	of BIRTH h, Day, Year) 30 19	23	Vir	ACE (State or Foreign
Franklin Square Franklin Square RESIDENCE OF DECEDENT	e Hospital		9b.		OR LOCATION OF D	EATH		Baltir		County
Maryland 106. cou	Baltimore			wn on Local erry F					1	Od. INSIDE CITY LIMITS? YES 2 X NO
9510 Perry Hall	l Blvd. Ap	t. 103		10	f. ZIP CODE	2123	6			States
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT I FORCES? 1 X IF YES, GIVE WAS	YES 2 N		If yes, sp	CENDENT OF HISPA pecify Cuban, Mexic S 2 X NO Speci	an, Puerto		or No-	4. RACE Black, V Specify:	- American Indian, White, etc. White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondery (0-12) 9 Yrs.		(Gi	CEDENT'S USU. Ive kind of work of Do NOT use reti	done during mo ired.)	on ost of working General	16b	. KIND OF BUS	SINESS/INDUS	STRY	
17. FATHER'S NAME (First, Middle, Last) Otho	٧.	Gray	S	r.	18. MOTHER'S N		Middle, Maiden		ohns	on
196. INFORMANT'S NAME (Type/Print) Catherine G. GI	ray			9.00	and Number or Rural		ber, City or Town		,	1236
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	lemoval from State	other pla	ace)		metery, crematory or 7/27/9			timor		aryland
21. SIGNATURE OF FUNERAL SERVICE	Milton	J Khigh			NO ADDRESS OF F					
23. PART I. Enter the diseases.	1. Knigh	H 1.			and J. Ri				Harf	
23. PART I. Enter the diseasea, shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition rasulting in death)	of complications that re. List pnly pne cause. End stag	ceuead the de	eth. Do not e	enter the mo	ode of dylng, eu			5305	Harf	Approximata Interval Between
ahock, or heert fellu IMMEDIATE CAUSE (Final diseese pr condition	End stag DUE TO (0	coursed the deson each line	nic rel	enter the mo	ode of dylng, eu			5305	Harf	Approximata Interval Between
shock, or heert fellu IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	End stag DUE TO (O	GE CHYO OR AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE AS A CONSECURE	nic rel	nal fa	ode of dylng, eu	ch as carr		5305 Iratory arres	24b. v	Approximata Interval Betwee Onset and Decorate and Decora
shock, or heert fellu IMMEDIATE CAUSE (Final disease pr condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2' NO	DUE TO (O	GE Chro OR AS A CONSECUTION OF AS A CONSECUTIO	POUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	nal fa	ng cause given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	I AUTOPSY RMED?	24b. v	Approximata Interval Betwee Onset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and Deconset and
shock, or heert fellu IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions EXAMINER? Y	DUE TO (O d. HOSPITAL: 1 \(\times\) Inpatient 2 \(\times\) inpatient 2 \(\times\) in (Month, Dey.	Ceuead the de on each line on e	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	nal fa	ode of dying, euclider in the control of the contro	h Part I.	24a. WAS AN PERFOR	I AUTOPSY RIMED?	24b. V	Approximata Interval Betwee Onset and Development of the Control o
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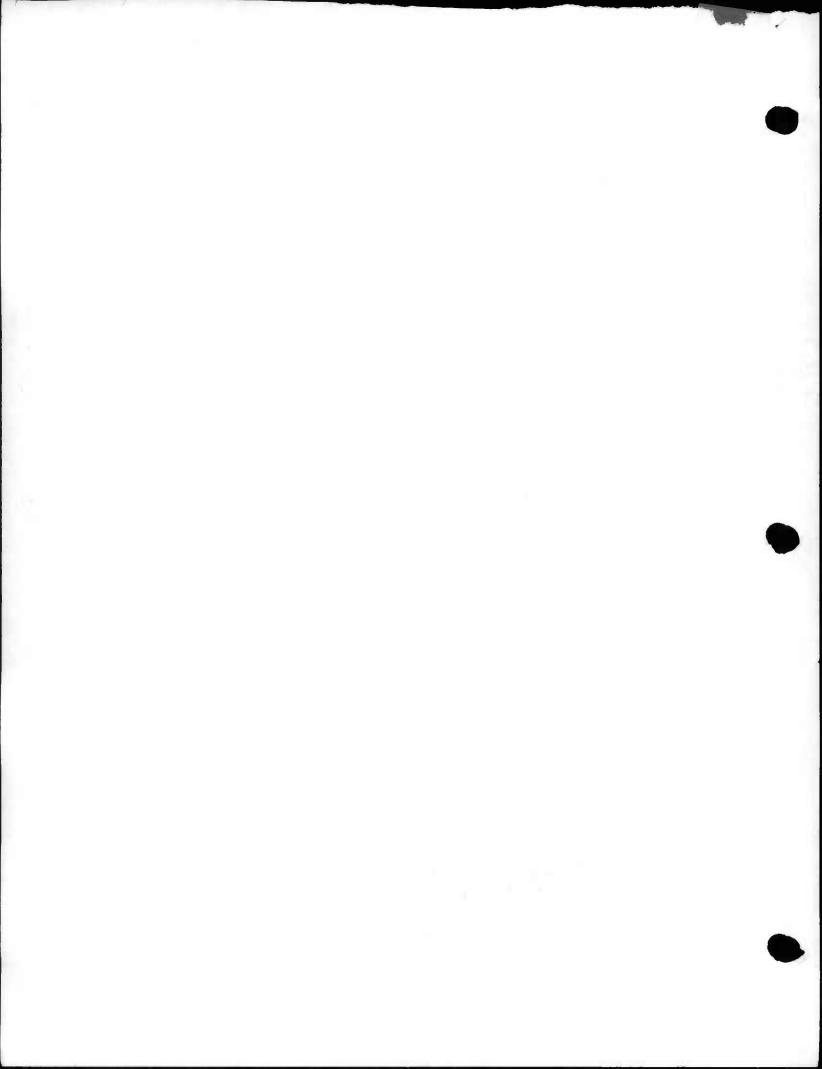
	FOR STATE REGISTRAR	STATE OF M		TMENT OF HEALTH AND	MENTAL HYGIEN REG. NO	111	20391				
	1. DECEDENT'S NAME (First, Middle, Last) FRANK GRE 4. SOCIAL SECURITY NUMBER	7	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	JULY 24, 1	AY YEA 1990	3. TIME OF DEATH 1:50 A.M. M RTHPLACE (State or Foreign				
	215 10 1097	1 M 2 F	80 YRS.	MONTHS DAYS HOURS MIN.	DECEMBER 4	Co	VIRGINIA				
OR	9a. FACILITY NAME (If not institution, give 653 ELM STREET	street and number)		96. CITY, TOWN OR LOCATION OF ABERDEEN	DEATH	9c. COUNTY O					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	ГҮ	10c. CIT	Y, TOWN OR LOCATION		10d. IN					
	MARYLAND		В.	ALTIMORE		1X YES 2 NO					
RAL	10e. STREET AND NUMBER			10f. ZIP CODE							
BY FUNERAL	1722 DARLEY STRE 11. MARITAL STATUS 1	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO	13. WAS DECEMBENT OF HIS	ican, Puarto Rican, etc.)	or No- 14. R	S. OF A. NACE — American Indian, Nack, White, etc. Specify: BLACK				
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give kind of a	USUAL OCCUPATION work done during most of working	16b, KIND OF BU	SINESS/INDUSTR					
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+	LABOR		RENDE	RING PI	ANT				
TO BE COMPLETED	17. FATHER'B NAME (First, Middle, Last) JAMES GREGO	3		18. MOTHER'S	NAME (First, Middle, Maiden	Surname)					
TO B	19a. INFORMANT'S NAME (Type/Print)	****		ADDRESS (Street and Number or Ru							
	MRS. MARLENE LEF	IMAN	653	ELM STREET AF	BERDEEN, MAR	CATION — City o					
DICAL CERTIFICATION	23. PART I. Enter the disease, or ahock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CONSEQUENCE O	not enter the mode of dying, a first the mode of the m	Uch as cerdiec or hep	BALTIN Iratory arrest,	21215 – 6393 MORE MARY LAND Approximate interval Batween Onset and Death / f				
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)		1 TYES 2 NO				
HYSI	1 VES 2 NO		ER/Outpatient 3 DOA	4 - Nursing Home 5 Residen	ce 6 Other (Specify)	INJURY OCCUPE	D				
TED	1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not be determined	(Month, De		M 1 YES 2 NO	281. LOCATION (Street City or Town, State	and Number or Ru					
BE COMPLETED	and only			red at the time, data and place, and on, in my opinion, death occured at			use(a) and menner as stated.				
TO BE	29d. SIGNATURE AND TITLE OF CERTIFIER 29d. DIG 491 29d. DATE SIGNED (Morth, Day, Year)										
	30. NAME AND ADDRESS OF PERSON W	pilk		and Joseph	Masy To	and son	mo may				
	JUL 26 199	0 Julia	burdson-Ambre	L'							



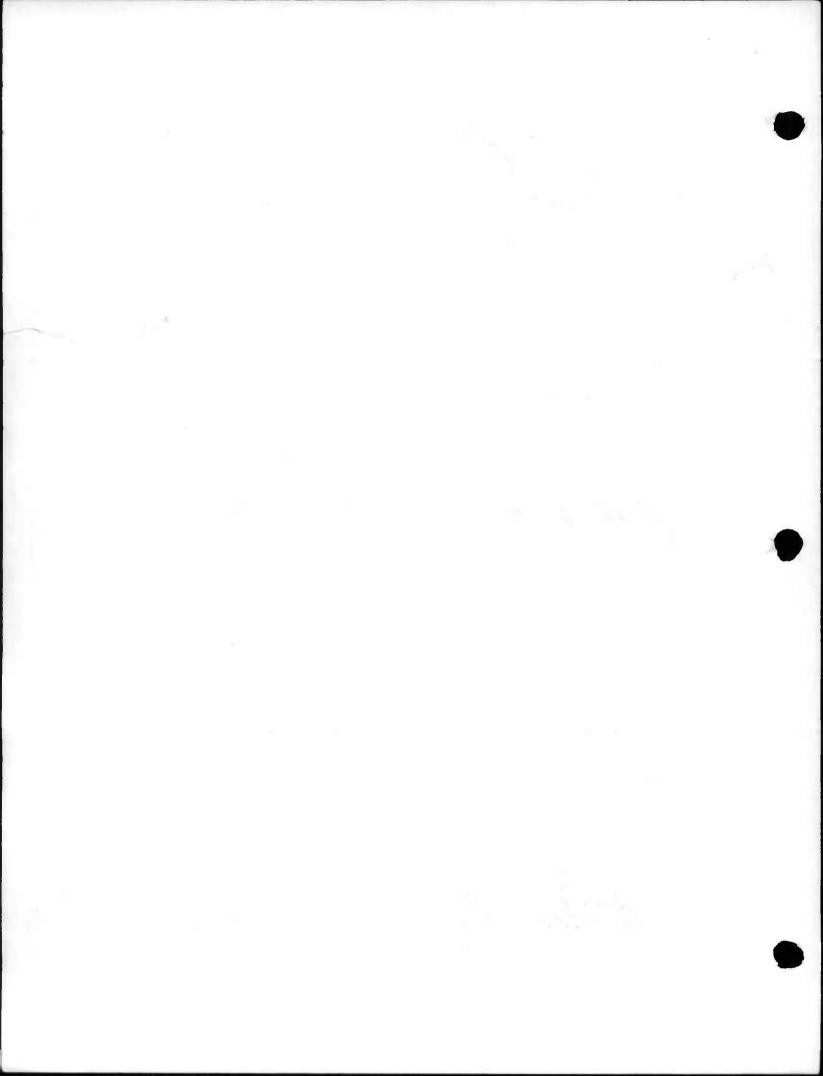
FOR STATE REGISTRAR

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	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS. MIN.	(Mon	OF BIRTH th, Day, Year)	8.	BIRTHP Country;	LACE (State or Forei
	9a. FACILITY NAME (# not inst	titution, give	e street and number)	27	TRS.				ION OF DE	ATH	/5/62	9c. COUNTY	Y OF DE	ATH
5	Universit	_	spital				Balt	Imor	ce Ci	ty				
2	RESIDENCE OF DECE	10b. COUN	NTY .		100 0	TY, TOWN (OR LOCAT	TION						10d. INSIDE CITY
MINE	MD.												- 1	LIMITS?
1	10e. STREET AND NUMBER	-			BA	LTIM	_	. ZIP COD)E			10g. CITIZE		HAT COUNTRY?
4	1944 W. FI	DVVK	TIN CT				-						S.A	
FUNEH	11. MARITAL STATUS	IVAIVI	12. WAS DECEOE!			13.	WAS DEC	ENDENT	OF HISPAN	IC ORIGI	N? (Specify Ye		6. RACE	— American Indian
E S	1 Never Married 2 No. 3 Widowed 4 Divorce		FORCES?				If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BLACE							
3		DENT'S EL	DUCATION ade completed)	1	6a. DECEDENT'			The state of the s						
	Elementary/Secondary (0-1	+)	Me. Do NOT	use retired.)	ouring mo	IST OF WORK	ing							
COMPL	17. FATHER'S NAME (First, Mid			18. MOTHER'S NAME (First, Middle, Maiden Surname)										
O BE	19a. INFORMANT'S NAME (Typ	pe/Print)			19b. MAILIN	G ADDRES	S (Street a	and Numbe	er or Rural F	Poute Nur	nber, City or Tow	wn, State, Zip Co	ode)	
	20a. METHOD OF DISPOSITIO		amount from State	20b. P	PLACE OF DISPO	OSITION (N	ame of cei	metery, cre	matory or		20c, LC	OCATION — CIT	ly or Tow	rn, Stata
	4 Donation 6 S Other (Specify) 1	n-state						111					
	21. SIGNATURE OF FUNERAL	SHIVICE	LICENSEE			22.	NAME A	NO ADDRE	ESS OF FA	CILITY				
	1 Man Ild	11	1 lane	7:25	90	S	tat	e A	nato	my	Board	d, Bal	lto	., Md.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.



	/	0	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO	-//	7-20399	
0	/		1. DECEDENT'S NAME (First, Middle, Last)	MILDRED G	LASGOW				WY 199	3. TIME OF DEATH a 0 11:25 M	
1	12		4. SOCIAL SECURITY NUMBER 215-42-5724		in yrs. last birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. 6	BIRTHPLACE (State or Foreign Country) ARYLAND	
	3 should	Œ	9s. FACILITY NAME (If not institution, give s	reet and number)			OR LOCATION OF DE	EATH 9c. COUNTY OF DEATH			
		ривесто	CITIZENS NURS RESIDENCE OF DECEMENT 100. STATE 100. COUNTY		100 007	HAVRE	DE GRAC	E	ARFURD		
	irmit. Pages 1, 2,		MARYLAND	HARFORD	100. 01	WHI	TEFORD			1 X YES 2 NO	
	A. C.	FUNERAL	1530 MAIN STREE	101. ZIP C			2116)	UNIT	EN OF WHAT COUNTRY? TED STATES	
AND 21203-3146		B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	If yes, sp	13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Year If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			RACE — American Indian, Black, White, atc. Specify: WHITE		
1203	r use as	ETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	18b. KIND OF BU	SINESS/INDUST	RY	
0 2	ched for	COMPLET	9	PERSON							
/LAN	3 & 2	ш	WARREN C.	GLASGOW			NELL:		_EY		
MARYLAND		TO B	19a. INFORMANT'S NAME (Type/Print) DOROTHY G.	NEEPER	196. MAILING 4207	WEBSTE		HAVRE I		CE, MD	
	the funeral director, page wal.	į	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	206	other plane)	SITION (Name of cell	metery, crematory or		LTA,	or Town, State	
BALTIMORE,	tuneral direc		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		D.A	22. NAME A	ND ADDRESS OF FA	CILITY			
BAL			> Jeffre	1 for	elida					. DELTA, PA	
	filled into		23. PART 1. Enter the diseases, shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ach lina.	ery :	oda or dying, such	elas	tases	Approximata Interval Between Onset and Death	
P.O. BOX 13146, death certificate be executed within 24 nours	ending physician and comending physician and comending physician and comending or other traumatic en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	•	CONSEQUENCE O	,	p,				
RECORDS	sen signed by the of Health and Mila	MEDICAL	PART II. Other algorificant condition	s contributing to death b	out not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	8 6 8	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (Ch	eck only one)			
L è	this certificate with the State ked, or Item	PHYS	1 YES 2 ONO 27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN.	JURY AT ORK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
O NOISIAID		ED BY	Accident S Pending Investigation Suicide 8 Could not be Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm,	M 1 🗆	YES 2 NO	28t. LOCATION (Street City or Town, State		Rural Route Number,	
	3 Z =	COMPLET	one)	CIAN: To the best of my know						euse(s) and manner as stated.	
	TO THE FUNERAL DE filed within 72 IMPORTANT: If	TO BE C	296. SIGNATURE AND TITLE OF CENTIFIE	ind G	tur	7	29c. LICENSE NUI	12/90	P Z	(20/90)	
		F	30. NAME AND ADDRESS OF PERSON VIII. 31. DATE FILED (Month, Day, Year)	O COMPLETEO CAUSE OF DE	IUN	s, Print)	ame	dec	Fra	el, MO	
				lia Savidson-Ran							



XO

the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by is fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remorpORTIANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

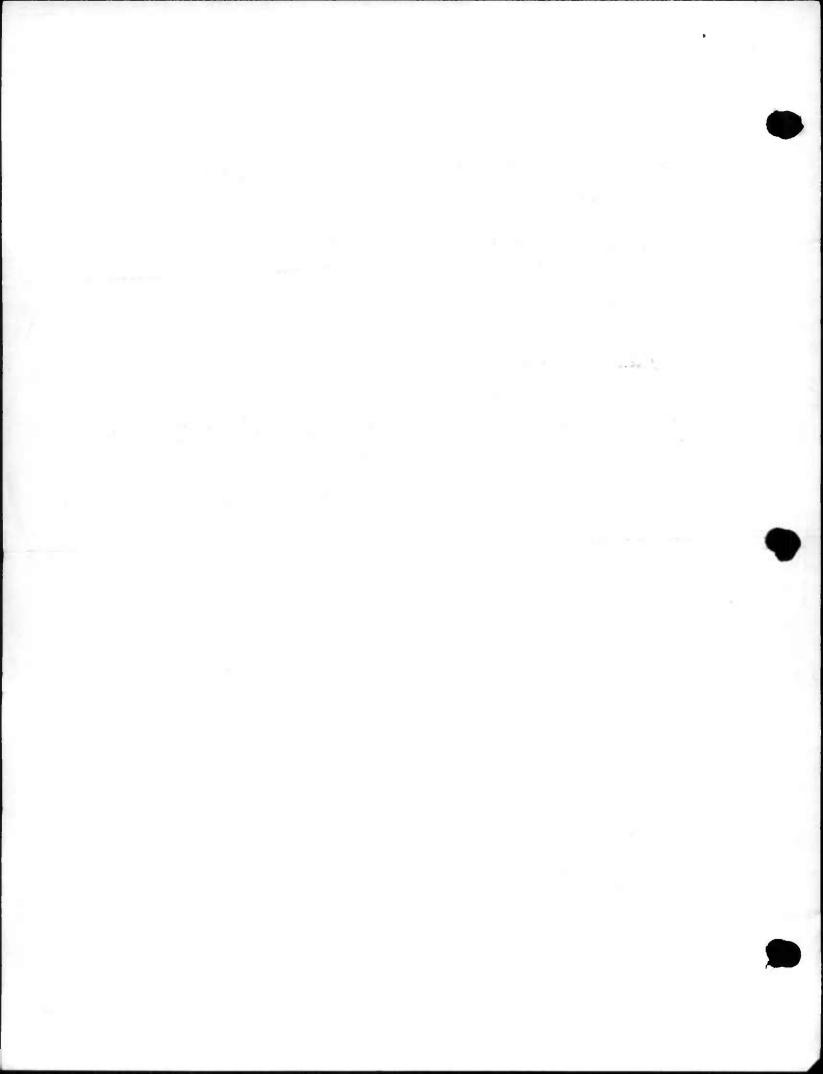
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2 6 1000

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH
JULY 17, 1, DECEDENT'S NAME (First, Middle, Last) ALICIA T GREENLUND 1990 М :00 4. SOCIAL SECURITY NUMBER 6. SEX 7. DATE OF BIRTH 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 16-52-1 DAYS HOURS 1 M 2 YRS. 9a. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER WHAT COUNTRY? 10f. ZIP CODE 10g, CITIZEN OF 1014 JSA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-ORCES? 1 YES 2 ff yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ntery/Secondary (0-12) lege (1-4 or 5+) omematter years once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname am notified at BE MANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and No 2 21014 pe 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 20b. PLACE OF DISPOSITION (No Town, State must Cremetion 3 oudo, ar 5 Other (Specify) 21. SIGNATURE FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY medical 23. PARTM Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest **Approximate** ahock, or haert feliure. List only ona cause on each line. intervai Between **Onset and Death** IMMEDIATE CAUSE (Finsi disease or condition KO 10 recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): monary 15/7 CERTIFICATION Sequentielly list conditions, DUE TO JOR AS A CONSEQUENCE OF: if sny, leading to immediate cause. Enter UNDERLYING West mas **CAUSE** (Disesse or Injury TO JOR AS A CONSEQUENCE OF): resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 244 WAS AN AUTOPSY PERFORMED? MEDICAL TYES 2 NO **DF DEATH?** 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES NO 1 npatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number on Rural Route Number, City on Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide IMPORTANT: If item 28 2 MEDICAL EXAMINER: On the basis of ax 29b. SIGNATURE AND TITLE OF CERTIFIER 20¢ LICENSE NUMBER 29d DATE SIGNED (Month: Day Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Vauder aladay MID John Bal northeriology 31. DATE FILED (Month, Day 32. REGISTRAR'S SIGNATURE

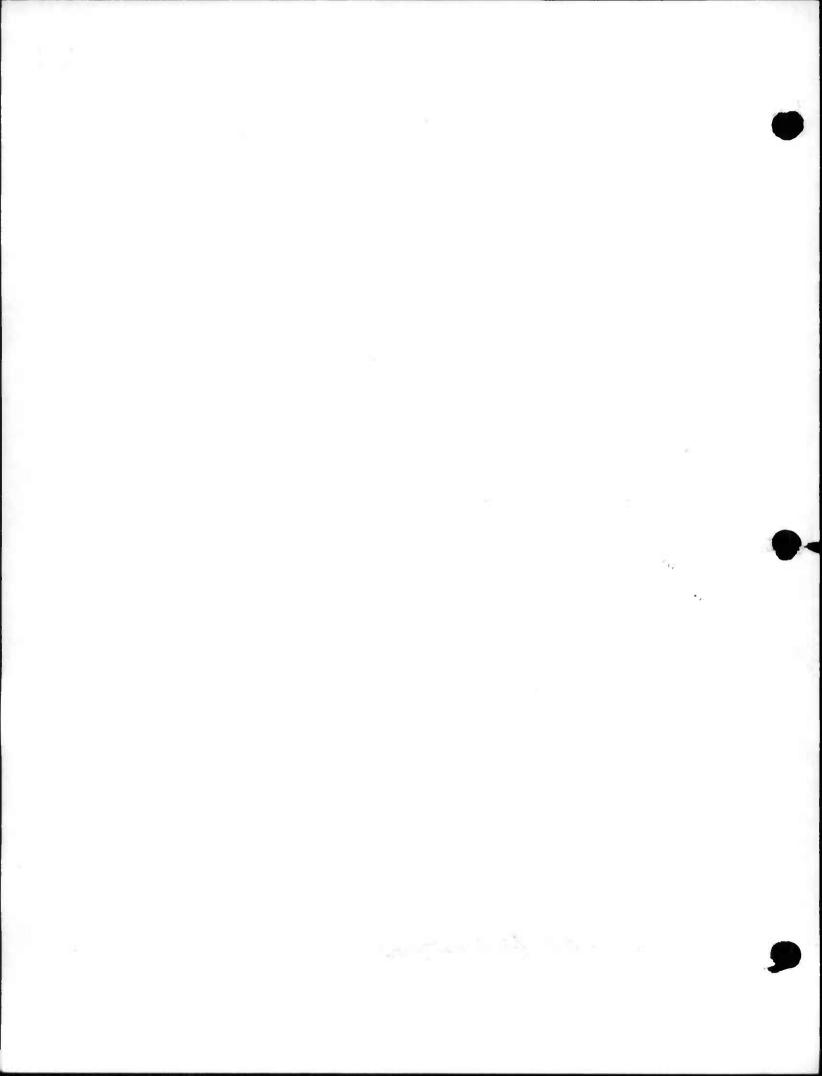
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L. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF					MENTAL HYG REG.					
	1. DECEDENT'S NAME (First, Migidle, Lest) HERM	AN HAR	dEE					2. DATE OF DEAT	DAY	YEAR 3	TIME OF DEATH		
		SEX 6. AGE (In y) 78	rs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yell 10/26/	er)	8. BIRTHPL Country)	ACE (State or Foreign		
OR	St. Agnes Hospital				Balt	R LOCATIO	ON OF DE	ATH TO THE STATE OF THE STATE O	9c. COUN	ITY OF DEA			
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c. CIT	Y, TOWN C	OR LOCAT	ATION					od. INSIDE CITY		
FUNERAL DIRECTOR	Md.		1302	Bal	time	ore			LIMITS 1 YES				
IAL I	10e. STREET AND NUMBER				101	ZIP CODE	Ē		10g. CITIZEN OF WHAT COUNTRY?				
NE I	1027 Cathedral St	2. WAS DECEDENT EVER IN U.				212				S.A.			
B	11. MARITAL STATUS 1 Never Married 27. Merried 3 Widowed 4 Divorced	S. ARMED		If yes, spe		n, Mexicar	IC ORIGIN? (Specif n, Puerto Rican, etc :		Black, V Specify: Bla	American Indian, Vhite, etc.			
PLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		Give kind of the Do NOT us	work done	CCUPATIO during mo	ON st of workin	g	250-000-10	. Govt.				
COMPLET	17. FATHER'S NAME (First, Middle, Last) William	Hardee					HER'S NAI	WE (First, Middle, Mi	elden Surname) King				
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Dora Hardee							Balto.,	r Town, State, Zip				
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal	I from State of	LACE OF DISPO her place)	SITION (No					c. LOCATION —	City or Town			
	4-C Dynation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS		oodlaw	22.		ID ADDRE			Balto.	, Ma.			
	James a	Morto	え					ION & SO Street)., Mo	i. 21217		
	23. PART I. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition and the land the shock).	t only one cause on each	line.					as cardiac or i	reapiratory arr	est,	Approximata intarval Between Onset and Death		
	resulting in death)	DUE TO (OR AS A CO	ONSEQUENCE O	Fi hea	uf	Clo	-6						
TIO	- Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE O	F):									
FIC	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Cardion DUE TO (OR AS A CO	CHISCOUENCE O	F): (7								
CERTIFICATION	resulting in death) LAST												
MEDICAL	PART II. Other significant conditions of Subduring	sphasus			nderlyin	g cause	given in	PE	IS AN AUTOPSY RFORMED? ES 2 NO	C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				04 04	ACE OF F	EATH ACL	ack only one)					
SICI	EXAMINER?	IOSPITAL:	ent 3 🗆 DOA	OTHE	R:			8 Other (Specify	•)				
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIR		28c. INJ WC			28d, DESCRIBE		CURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)		street, fec	tory, offic	•		28f. LOCATION (S City or Town,		or Rural Roo	ste Number,		
COMPLETED	CORRECT ORBIT	N: To the best of my knowledge. On the basis of examination as									and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	M70	Resid	2ent		29c. LIC	ENSE NU	ABER			Aonth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C										1 -		
	31. DATE FILED JUL 26 1990		URE Rando	271	1								

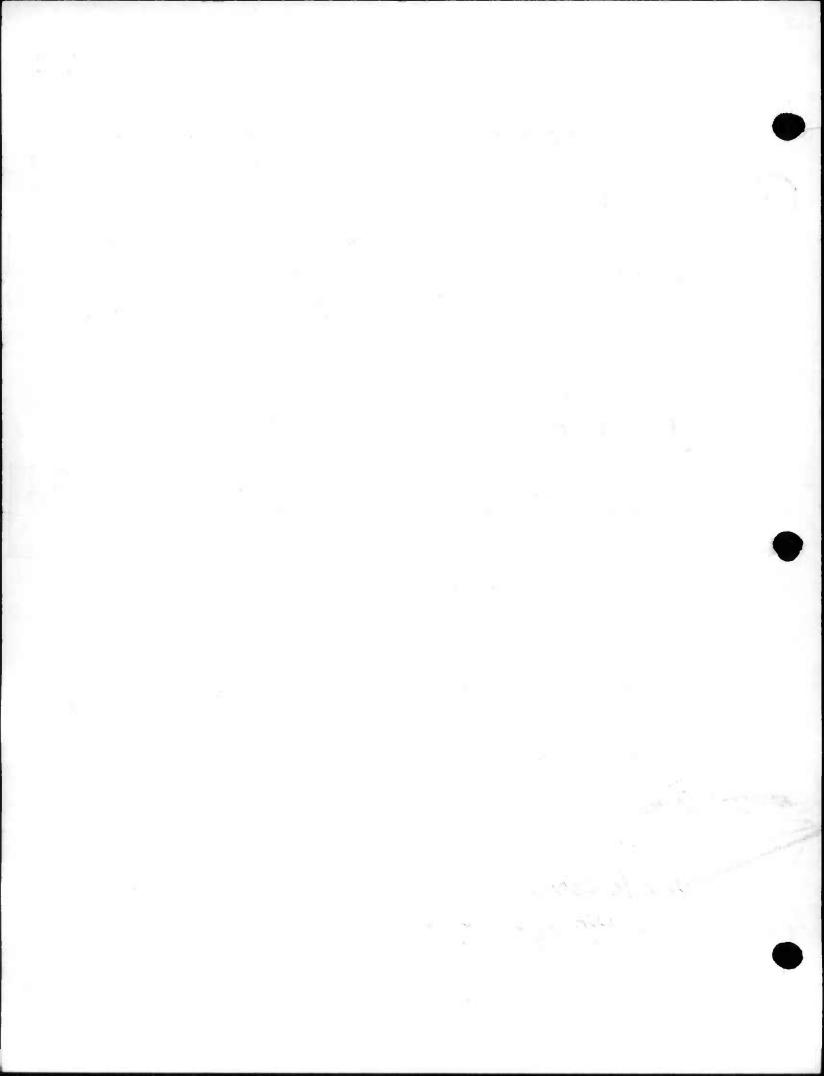
32. AUGISTRAR'S SIGNATURE
Julia Davidson-Aundare



CUA

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

							0 20402			
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND	MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)	HINSON			2. DATE OF DEAT MONTH		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 217-74-4812	5. SEX 6. AGE (In yrs. last	YRS. MONTHS	DAYS HOURS MIN.	1 - 1 -	56	BIRTNPLACE (State or Foreign Country)			
TOR	9a. FACILITY NAME (If not institution, give s SINA) + OS I RESIDENCE OF DECEDENT	PITAL		TIMORE	EATN	9c, COUNTY	OF DEATN			
DIRECTOR	10a. STATE 10b. COUNTY	,	BALTIM				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 4337 PARK HEIG			101. ZIP CODE 2/2/5		10g. CITIZEN	of what country?			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 TYES 2 TAN IF YES, GIVE WAR OR DATES	0	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specifi	in, Puarto Rican, at		RACE — American Indian, Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gh	CEDENT'S USUAL Of verkind of work done Do NOT use retired.)	CCUPATION during most of working	16b. KIND C	F BUSINESS/INDUST	RY			
BE COM	17. FATHER'S NAME (First, Middle, Last)	inson		18. MOTNER'S NA	ME (First, Middle, M EVas	falden Surname)				
10	19a. INFORMANT'S NAME (Type/Print)	instrong i	HAILING ADDRES	Sestreet and Number or Rural Park Heig	hts Au	or Town, State, Zip Coop), red 2/2/5			
	20er METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)		Weste	eme of cemetery ciematory of	Cery (atons u	gr Town, State			
	21, SIGNATURE OF FUNERAL SERVICE LIC	March	22.	NAME AND ADDRESS OF FA	300 (Vabael,	Ave			
	23. PART i. Enter the diseases, or a hock, or heart fellure.			r tha mode of dying, suc	h as cardiac or	respiratory arrest	, Approximata Interval Between			
	ahock, or heart fellure. List only one ceuse on each lina. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) a. SEPTIC SHOCK OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. PNEUMONIA OUE TO (OR AS A CONSEC	DUENCE OF):							
	PART li. Other significant condition	s contributing to death but not re	esuiting in the u	ndariying cause given in	Part I. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL	CONGESTIVE	HEART FAILUR			P	ERFORMED? (ES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
A N	ANEMIA 25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATN (C)	and and and					
Sign	EXAMINER?	HOSPITAL:	OTHE AT N			64)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		NOW INJURY OCCUR	ED					
	3 Suicide 6 Could not be 4 Nomicide determined	26s. PLACE OF INJURY — At hor building, stc. (Specify)	me, farm, atreet, fac	ctory, office	281. LOCATION (City or Town,	Street and Number or i State)	Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE May Cy	MD		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year) 24- 190			
- 1	TO MAKE AND ADDRESS OF BEDRON WIL	O COMPLETED CAUSE OF DEATH (ITEL	I OT /Time Dried							



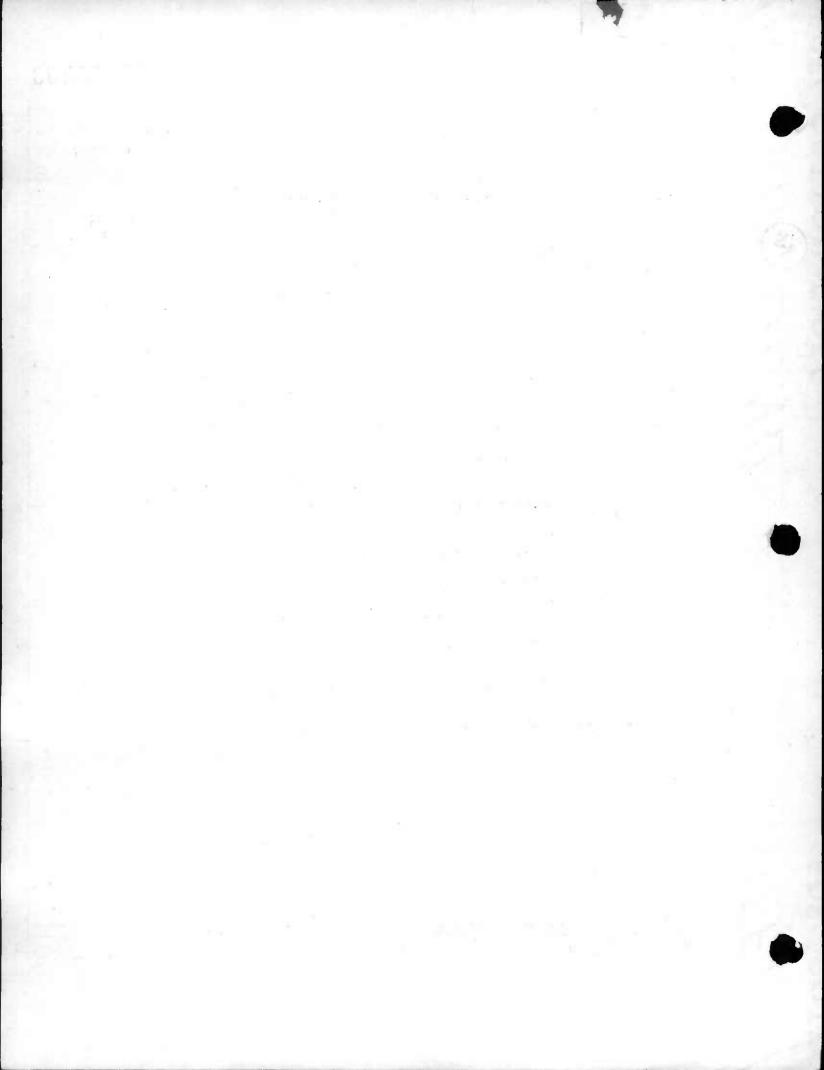
		5.3
	1	2
-	1	4-
1	1	Pages 1, 2, 3
()	permit
46	physician.	the funeral director, page 5 should be detached for use as the burial-tran
BALTIMORE, MARYLAND 21203-3140	ter death. Page 6 may be retained by the hospital or attending physician	use as the
2	ital or	of f
9	hosp	ache
4	9	9
	3	90
MARY	retained	5 should
2	8	9
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<u>~</u>	E	00
0	9	Bot
Σ	Pag	di di
F	Jeath.	funeral
00	ter	the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any most offen. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last					2. DATE C	F DEATH DAY	wea	3. TIME OF DEATH			
James	Ε.	Howard	JF		Jul	y 23,	1990		A		
4. SOCIAL SECURITY NUMBER 214-40-2087	5. SEX 6.	AGE (In yrs. lest birthday) 48 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		B. BI	RTHPLACE (State or Fore	ign		
9a. FACILITY NAME (If not institution, give Maryland Gene	street and number)			n Location of DE	EATH		9c. COUNTY O	F DEATH			
10e. STATE 10b. COUN	тү	10c. CITY,	TOWN OR LOCAT	CITY			19d. INSIDE CITY LIMITS? 1 XYES 2 NO				
100. STREET AND NUMBER 5205 MORAVIA	RD.	APT.K	101	2120) 6	10g. CITIZEN OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	If yes, ap-	ENDENT OF HISPAN cify Cuban, Maxica 2 X NO Specifi	n, Puerto Ri			ACE — American Indian lack, While, etc. pecify: BLACK			
15. DECEDENT'S ED (Specify only highest grade) Elementary/Secondary (0-12) 1 2 t n	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of we life. Do NOT use TRANSI	ork done during mo retired.)	N of working			NESS/INDUSTR				
17. FATHER'S NAME (First, Middle, Last) JAMES HOWARD		AN V	umama) VILKEN	IS							
19a, INFORMANT'S NAME (Type/Print) LINDA HOWAR	D			AVE							
20a. METHOD OF DISPOSITION 1 🖄 Burial 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)	moval from State	ARBUTOUS	CEMET	etery, crematory or ERY			BUTUS,				
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	3		DADDRESS OF FA		. 110)1 E.	NORTH AV	Ε		
23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Bacterial Endo-Carditis DUE TO (OR AS A CONSEQUENCE OF): Pulmonary Edema DUE TO (OR AS A CONSEQUENCE OF): Left Ventricular Hypertrophy DUE TO (OR AS A CONSEQUENCE OF): Left Ventricular Hypertrophy DUE TO (OR AS A CONSEQUENCE OF): Sepsis (As per History)											
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. History of Depression Hypertension Congestive Heart Failure											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)			_		
1 TYES 2 NO		R/Outpetient 3 🗆 DOA	OTHER:	e 5 🗌 Residenca	6 🗆 Other	(Specify)					
27. MANNER OF DEATH 1 K Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,	(Ver) 26b. TIME	JRY WC	URY AT RK? 'ES 2 NO	28d. DE\$(CRIBE HOW IN	JURY OCCURE	D			
3 Suicide 6 Could not b	28e. PLACE OF IN building, etc.	IJURY — At home, farm, at (Specify)	treet, factory, offic			TION (Street and Town, State)	nd Number or Ru	iral Route Number,			
000)		knowledge, death occurre						ise(a) and manner as ste	ited.		
29b. SIGNATURE AND TITLE OF CERTIF	V. 6	OF DEATH (ITEM 27) /Type	Print)	296. LICENSE MU N / A	WBEN		≥ 9/	24/90	,		
		c/o M		d Gener	al H	ospit	al		_		



BALTIMORE, MARYLAND 21203-3146

GIMIL VO GREET LOSSOC TO CE	
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2curs after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /		TMENT				MENT	AL HYGIE		9 (20	401	
	1. DECEDENT'S NAME (First, Middle, Last) JEROM	1E	L.	Н	ORRIS	5			2. DAT MON JU	TE OF DEATH	,1990	YEAR	3. TIME OF DEA 11:30	А м	
	4. SOCIAL SECURITY NUMBER 213-07-0947	8. SEX 1 (X) M 2 F	8. AGE (In yrs. lest	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	MAF	RCH 17		8. BIRTH	PLACE (State of F Y) RYLAND	oreign	
TOR	9a. FACILITY NAME (If not institution, give str 6 Fountain Ridge RESIDENCE OF DECEDENT						Ville		EATH			altin			
DIRECTOR	10a, STATE 10b, COUNTY	IMORE		10c. CIT	Y, TOWN O	RKVI							10d. INSIDE CITY LIMITS? 1 YEŞ 2 X NO		
FUNERAL											١.				
BY FU	11, MARITAL STATUS 1 Never Merried 2 (X) Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		MED IO		If yee, sp		n, Mexica	n, Puert	GIN? (Specify to Rican, atc.)	fea or No—	Speci	E — America <i>n</i> Ind c, Whita, atc. fly: HITE	len,	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Gi	ve kind of Do NOT u	USUAL O work done sa retired.)	during ma	ON at of worldi	ng	1	66. KIND OF E					
BE COM	17. FATHER'S NAME (First, Middle, Last) RICHARD HORRIS			IEAM	1111	_R		HER'S NA		t, Middle, Malo			V		
2	190. INFORMANT'S NAME (Type/Print) ANNE HORRIS									BALTI			21234		
	20e. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)		20b. PLACE other place PARk	of dispo) 7	7/27	/90					ORE M	wn, State IARYLAND)	
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENN		ΓANO			ard .						21214 rford Ro	1.	
CATION	23. PART I. Entar the diseases, or a shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	TE (OR AS A CONSECUTION OF	DUENCE O	OCA PFI: An								Approxin Interval E Onset an ZMR.	Between	
CERTIFICATION	that initiated events resulting in death) LAST	0UE TO	(OR AS A CONSEC	DUENCE O)F):										
PHYSICIAN: MEDICAL	PART II. Other eignificant condition	e contributing to	death but not r	resulting	In the u	nderlyin	g cause	given in	Part I.	PERI	AN AUTOPS ORMED?	Y 24t	AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		ER/Outpatient 3			R: rsing Hon			8 🗆 0	ther (Specify)					
Test and Number See PLACE OF INJURY — At home, farm, street, factory, office 281, LOCATION (Street and Number 281										Floute Number,					
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.														
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NU	MBER				(Month, Pay, Year		

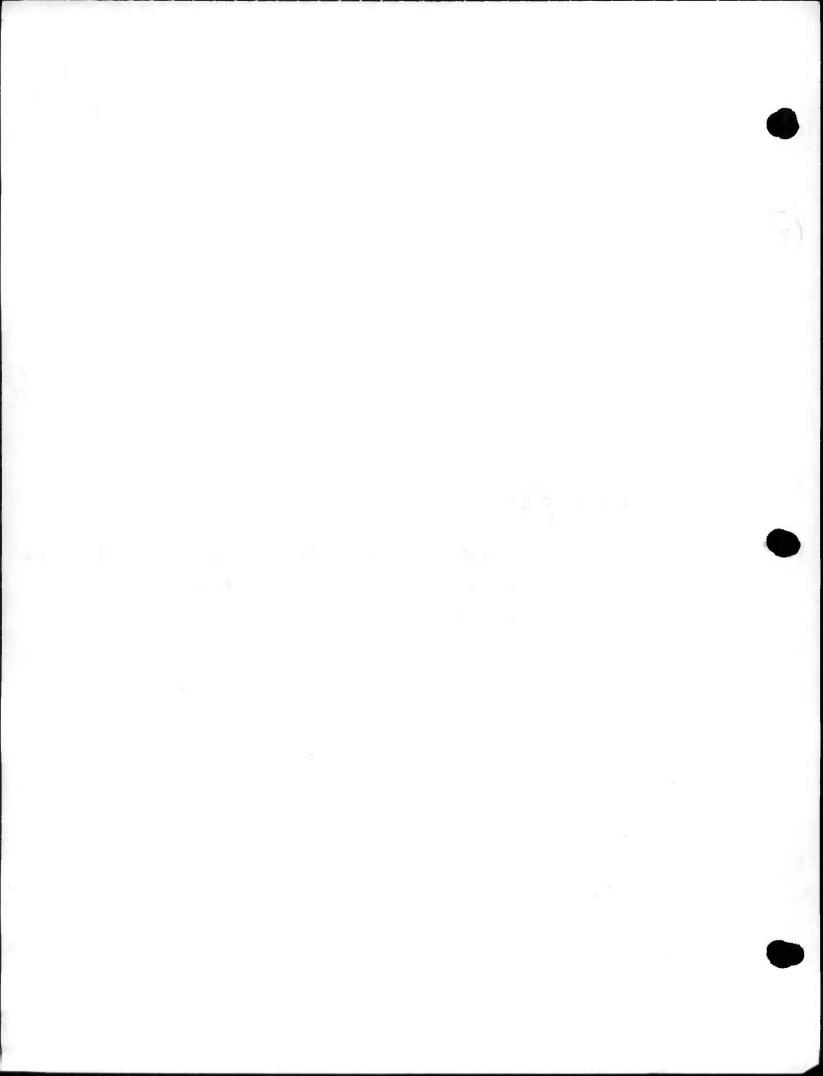
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Goldiner,

er, M.D. 5901 Harford Rd.

suite B

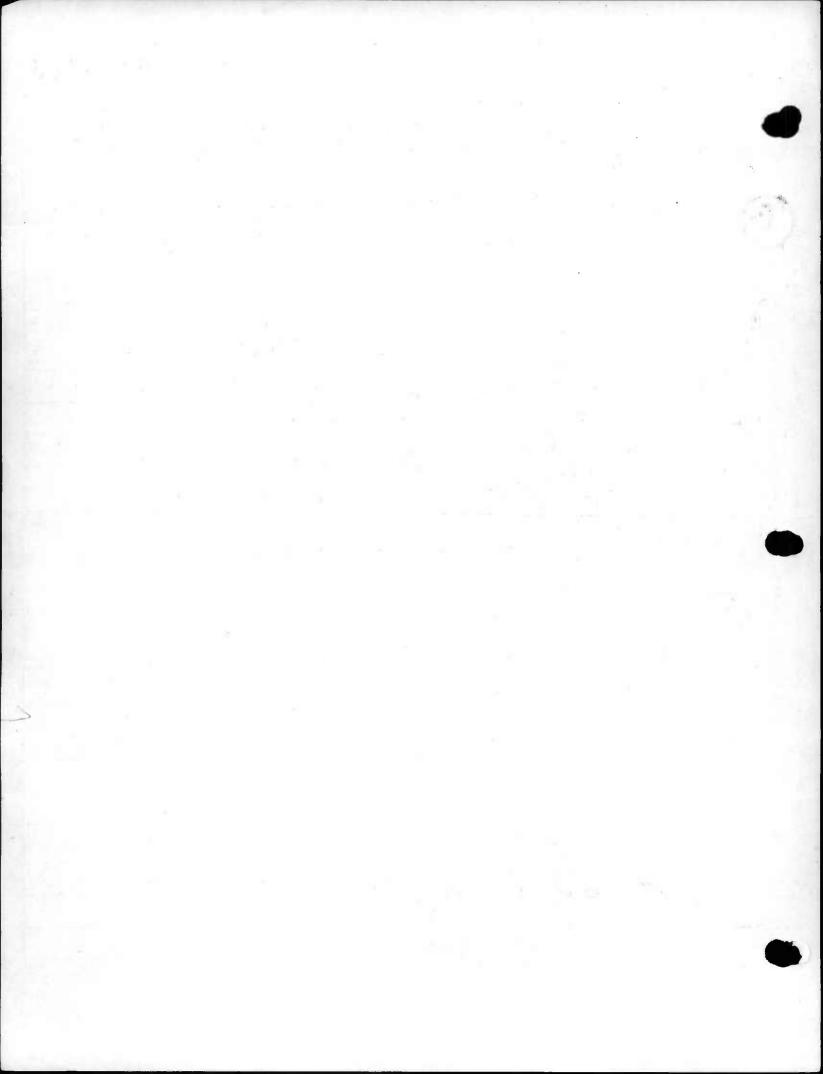
William H. G 31. DATE FILED (Month, Day, Year) JUL 26 1990



	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last	MONTH	DER 1 YEAR S DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTN		RTNPLACE (Blate or F		
DR	217 07 0406 C1 9a. FACILITY NAME (If not institution, give		1/00	YAS.		OR LOCATION OF D	11-1	0-21	G. COUNTY OF	D		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD	Montgomery		10c. CITY, TOWN		ation er Spring		The state of the s	- [, 8 7]	100 INSIDE CIT LIMITS? 1 YES 2 5		
FUNERAL	100. STREET AND NUMBER Great Oaks Cent	er				и. ZIP CODE 20906	10g. CITIZEN OF WHAT COUNTRY? USA					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR IF YES, GIVE WAR OF	ES 2 X N	MED 1	If yee, sp	CENDENT OF NISPA pecify Cuben, Mexico S 2 A NO Specifi	in, Puerto Rici	17 (Specify Yea or No— 14. RACE — American Black, White, stc. Specify: W				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) NONE	UCATION le completed) College (1-4 or 5+)	(GI	CEDENT'S USUAL ive kind of work doi Do NOT use retired NONE						Y		
ш												
10	19. INFORMANT'S NAME (Type/Print) Ethel B. Jones					and Number or Rural en Ave.,						
	20e2 SYFYHOD OF DISPOSITION 1	moval from State	other pla	politan	Cre				rion — city or xandri			
	21. SIGNATURE OF FUNEBAL SERVICEAL	ed Pho	1			ch Funer		e, Owi	ngs, M	1D 20736		
	IMMEDIATE CAUSE (Final	complications that cau b. List only one cause of	n each ilne							interval f		
	shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR A DUE TO (OR A OUE TO (OR A	AS A CONSEC	DUENCE OF):		OC 12				Approxin interval I Onset an		
MEDICAL CERTIFICATION	shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR A c. OUE TO (OR A d.	AS A CONSEC	DUENCE OF): DUENCE OF):	ry	60021	Part i. 2	4s. WAS AN AUT PERFORME	DIS	interval I Onset at Onset at 24b. WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH?		
MEDICAL CERTIFICATION	shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A c. OUE TO (OR A d.	AS A CONSEC AS A CONSEC AS A CONSEC AS A CONSEC	DUENCE OF): DUENCE OF): DUENCE OF): Teaulting in the	underlyin 26. P	60021	Part i. 2.	4e. WAS AN AUTPERFORMED YES 2	DIS	interval int		
IYSICIAN: MEDICAL CERTIFICATION	shock, or heart feiture iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. DUE TO (OR A b. DUE TO (OR A c. OUE TO (OR A d. Done contributing to deat HOSPITAL: 1 Inpatient 2 ER/C 28a. DATE OF INJUI 28d. DATE	AS A CONSECTANT AS A CONSECTAN	DUENCE OF): DUENCE OF): DUENCE OF): Peaulting in the DOA OTH 4 1 1 29b. TIME OF INJURY	underlyir 26. P IER: uursing Hor 28c. IN 1 □	ng cause given in	Part i. 2. 1 1 1 1 1 1 1 1 1 1 1 1 1	4e. WAS AN AUTPERFORMED YES 2	DIS	interval int		
BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart feiture iMMEDIATE CAUSE (Final disease or condition reautiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH DEN Natural 5 Pending Investigation 1 New State of Could not be determined to condition of the could not be determined.	b. DUE TO (OR A b. DUE TO (OR A c. OUE TO (OR A d. One contributing to deat HOSPITAL: 1 Inpatient 2 ER/C 28a. DATE OF INJU 28a. PLACE OF INJU building, etc. (3)	AS A CONSECTANT AS A CONSECTAN	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	underlyin 26. F EFR: Nursing Hor 28c. IN 1 Interpretation	ng cause given in	Part i. 2- 1 1 1 2- 1 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2-	4e. WAS AN AUTPERFORMED YES 2 () Specify) ION (Street and Yown, State)	DIS TOPSY ED? INO URY OCCURED Number or Rule	interval 1 Onset ar 24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2		
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart feiture IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR A b. DUE TO (OR A c. OUE TO (OR A d. One contributing to deat 1 Inpettent 2 ER/C 28a. DATE OF INJUI (Month, Dey, Yee 28a. PLACE OF INJUI building, etc. (3)	AS A CONSECTANT AS A CONSECTAN	DUENCE OF): DUENC	underlyin 26. F EFR: Nursing Hor 28c. IN 1 Interpretation tectory, office	ng cause given in	Part i. 2. heck only one) 5 Other (3. 28d. DESC! 28f. LOCAT! City or	4e. WAS AN AUTPERFORMED YES 2 () Specify) ION (Street and Yown, State)	TOPSY : ED? INO Number or Rule or as stated.	interval I Onset at O		
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart feiture iMMEDIATE CAUSE (Final disease or condition reautiting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH DEN Natural 5 Pending Investigation 1 Suicide 6 Could not be determined 1 Suicide 6 Could not be determined 1 Check only 1 CERTIFYING PNY	b. DUE TO (OR A b. DUE TO (OR A c. OUE TO (OR A d. One contributing to deat 1 Inputent 2 ER/C 28s. DATE OF INJU (Month, Dey, Ye. 28s. PLACE OF INJU 28s. P	AS A CONSECT AS	DUENCE OF): DUENCE	underlyin 26. F EFR: Nursing Hor 28c. IN 1 Interpretation tectory, office	ng cause given in	Part I. 2. 1 Part I. 2. 1 Description of the Color of the Color of the cause a time, date as	4a. WAS AN AUTOPERFORMED YES 2 Specify) RIBE NOW INJUINATION (Street and Town, State) (a) end menner and place, and defined a place	TOPSY :: D? INO WAY OCCURED Number or Rul resistated.	interval int		

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR Samuel Wilson Jones, Jr. CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)



FOR STATE REGISTRAR

1 -

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

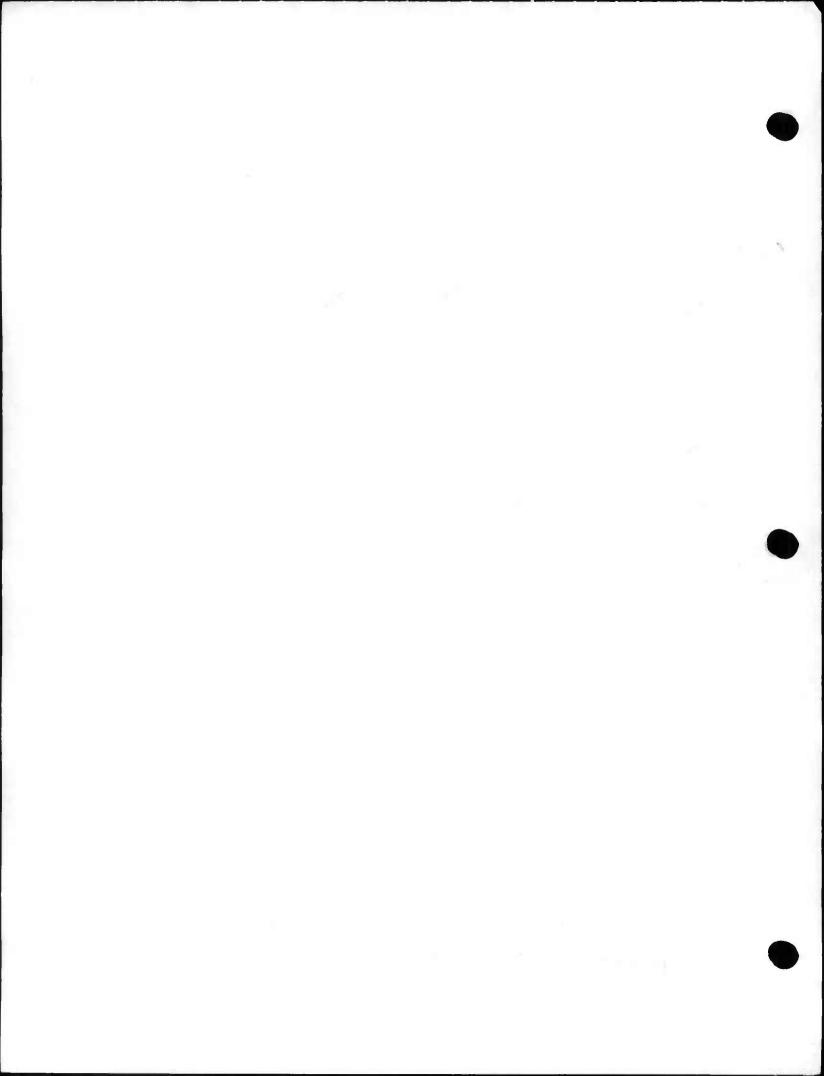
	STATE OF I		D / DEPAR Certif					MENTAL HYGIENE REG. NO.	20	<u>_</u>
_{Lest)} ani	.el	K.	Kuldi	tsky	7			2. DATE OF DEATH MONTH 2-90	YEAR	3. TIME 10:
	5. SEX	6. AGE (In yr	s. last birthday) YRS.	IF UNDE	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/5/30	8. BIRTH Count	IPLACE (S

Daniel K. Kulditsky 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) FINNER 1 YEAR FINNER	MONTH 2-9		10:40PM M
(11)	ER 24 HRS. 7. DATE OF BIR	TH . P.	RTHPLACE (State or Foreign
2 17 - 26 - 3839	MIN. (Month, Day,)	730 6	ountry)
n. FACILITY NAME (# not institution, give street and number) 9b. CITY, TOWN OR LOCA		9c. COUNTY O	F DEATH
306 S. Highland Avenue Baltimor	e City		
0a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY
MD. BALTIMORE			LIMITS?
IOa. STREET AND NUMBER 10f. ZIP CC	DE	10g. CITIZEN C	OF WHAT COUNTRY?
306 S. Highland Ave.		U.S	S.A.
	OF HISPANIC ORIGIN? (Special), Mexican, Puerto Rican,		ACE — American Indian, Black, Whita, etc.
Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 N		s	Specify:
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16h KIND	OF BUSINESS/INDUSTR	WHITE
(Specify only highest grade completed) (Give kind of work done during most of work life. Do NOT use retired.) (Give kind of work done during most of work life. Do NOT use retired.)		OF BOOMEGO/MDOSTA	.,
Constant (Page (Page 1)			
7. FATHER'S NAME (First, Middle, Last)	OTHER'S NAME (First, Middle,	Maiden Surname)	
9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Num.	per or Runii Route Number, City	y or Town, State, Zip Code)
Rea. METHOD OF DISPOSITION Burial 2 Commation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, control place)	ematory or	20c. LOCATION — City of	or Town, Stata
Donation 5 Comec (Specify) in - state removal 1. Signature OF Funerial Bervice Licenses / 22. NAME AND ADD			
			. wa
January Male 7-25-90 State	Anatomy Boo	ard, Bali	to., Ma.
disease or condition condi			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING			
CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):			
resulting in death) LAST			
PART II. Other significent conditions contributing to death but not resulting in the underlying caus		WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
		PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
			OF DEATH? XXX YES 2 □ NO
EVALUATION	DEATH (Check only one)	•	
HOST TIAL.	Residence 6 - Other (Spec	clfy)	
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?		HOW INJURY OCCURE	D
1 Netural 5 Pending FOUND: 7-2-90 PM M 1 YES		inflicted	
3. Suicide 6 Could not be determined determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)	261. LOCATION	(Street and Number or Ren, State)	ural Route Number, Avenue,Balto
Tione	306 S	. Highland	Avenue, Barto
1 CERTIFIER (Check only one) 1 CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, data and picture one) 1 CERTIFIER (Check only one) 1 CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, data and picture one)			use(a) and menner as stated.
SONATURE AND TITLE OF CERTIFIER // DO 29c. I	ICENSE NUMBER	29d. DATE SIG	INED (Month, Day, Year)
pourse merrice	OCME	7	7-3-90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			
		NED 212	201 vc
MARGARITA A. KORELL, MD 111 Penn S	treet,Baltım	ore,MD 212	.01 VC

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should		Ilfied
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page		9
HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be		DRTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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A.	op 16	60
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DIRE	ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Hem
PAL	2	=
UNE	ithin	ANT
AF FI	w be	JHC.

	- STATE REGISTRAR	CERTIFIC	CATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) CHRISTINE L. KROEGER				2. DATE OF DEAT	н DAY 22-19	YEAR 9 ()	3. TIME OF DEATH
			IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye		-	HPLACE (State or Foreign rry) N.Y.
OR	9e. FACILITY NAME (If not institution, give street and number) MERIDIAN LONG GREEN N.H.		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE, CITY					EATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD.		TOWN OR LOCAT	E,CITY				10d, INSIDE CITY LIMITS? XXYES 2 \(\text{NO}\) NO
FUNEBAL	100. STREET AND NUMBER 115 EAST MELROSE AVE.	101. ZIP CODE 2121			10g. CITIZEN OF WI			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN OS FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	ENDENT OF HISPAN city Cuban, Maxicar NO Specify	n, Puerto Rican, et	y Yas or No—		E — American Indian, ik, Whita, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5+)	(Give kind of wo	ISUAL OCCUPATION of done during more retired.)	st of working	31.33	BUSINESS/IN		HONE CO.
M	17. FATHER'S NAME (First, Middle, Last)	OITIC	L WOKK		ME (First, Middle, M			TONE CO.
BE	JOHN REICHER'		ADDESS /Street o	10	GANTER		The Code	
٩	JOHN A. REICHERT	3838	ROLAND	AVE . E	BALTIMO		23	APT 205 1211
	1 Burlel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	er place)	RRAINE	PARK C	CEM.	WOODL		
	*William R. Parso III	_			490			OAD 21212 BALTO.MD.
	23. PART I. Entar the diseases, or complications that caused the ahock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CO)	lina.	Type	de of dying, auci		respiratory e	rreat,	Approximate Interval Batwean Onset and Death
NOI	Sequentielly list conditions, If any, leading to immediate							
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events Due TO (OR AS A COR	NSEQUENCE OF)):					
CERT	raculting in death) LAST				9			
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but n	not resulting in	n the underlying	g csuee given in	PI	AS AN AUTOPS' REFORMED? ES 2 NO	7 241	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (Ch				
	1 YES 2 MO 1 Inpatient 2 ER/Outpatier 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT NO PES 2 NO	8 Other (Specification of the Company of the Compan		CCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 25s. PLACE OF INJURY — i building, stc. (Specify)	At home, farm, at	treet, factory, offic	a	26f. LOCATION (City or Town,		per or Rural	Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and							(a) and manner se stated.
TO BE C	296. SIGNATURE AND THE OF CENTIFIER)		D338		29d. D	7/3	6 (Munity Day, Year)
Ĕ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH Dr. Robert J. Vissing, 4			les St.	Balt	o. Md	. 21	.218
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU							
	10[20 1990]							DHMH-16 Rev 1/89

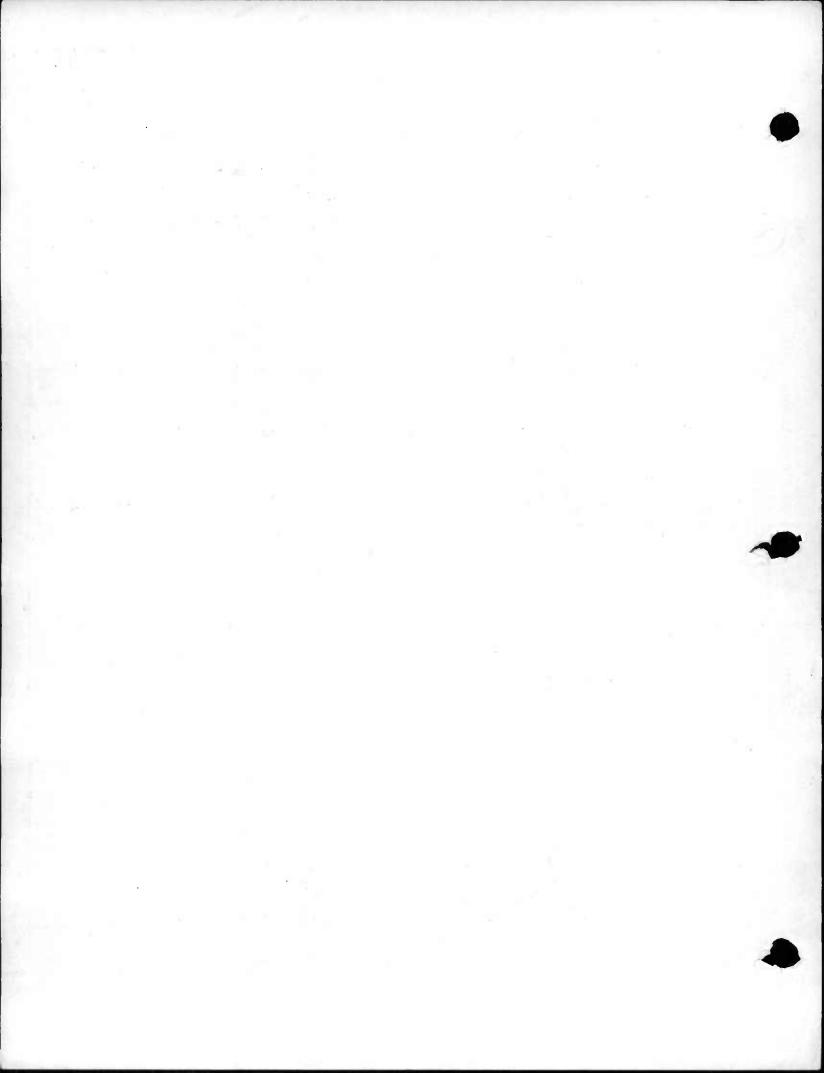


TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (FI	rst, Middle, Last)									2. DATE C				3. TIME OF DEATH
	Hele	n R	lose		LIT	TTLE			July	July 24, 1990			12:30 a м	
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In)	rs. last	birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH Day, Year)		8. BIRTH	IPLACE (State or Foreign
271-03-00	39	1 □ M 2 💢 F		88	YRS.	MONTHS	DAYS	HOURE	MIN,			1901		ryland
90. FACILITY NAME (# no	institution, give	street and number)				9b. CITY, TOWN OR LOCATION OF DEATH					9c, COUNTY OF DEATH			
Homewood		ement Cen	ter			Frederick Freder			rick					
10e. STATE	10b. COUNT	TY								10d. INSIDE CITY				
MD.		DERICK			FRE	REDERICK				1 YES 2 NO				
10e. STREET AND NUMBER							10	of. ZIP COD	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
212 ROCK	WELL '	TERRACE						217	701			1	J.S.	A .
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES							if yee, s		n, Mexic	NIC ORIGIN? en, Puerto Ri fy:		o or No-	Spec	E — American Indien, k, White, etc.
15. D	ECEDENT'S ED	UCATION	10		EDENT'S					18b.	KIND OF BU	SINESS/IN		
Elementery/Secondary		College (1-4 or 5	+)	(Giv	e kind of w Do NOT us	vork done e retired.)	during m	ost of workli	ng					
17. FATHER'S NAME (First,								18. MOT	HER'S NA	AME (First, M	iddle, Maiden	Surname)		
JOHN ED	WARD :	LITTLE						HAI	RRIE	ETT E	BARD			
19e. INFORMANT'S NAME	(Type/Print)			19b.	MAILING	ADDRES	S (Street	and Number	r or Rural	Route Number	or, City or Tow	rn, State, Z	ip Code)	
JOANNE F	ELTON	(niece))		1494	We	st	9th	St.	, Fr	eder	ick	, Md	. 21701
20e. METHOD OF DISPOS 1 Burlel 2 Crema 4 X Donetion 5 Off	tion 3 🗆 Ret	moval from State	20b. P		F DISPOS			emetery, crer			- V	CATION -		
21. SIGNATURE OF FLINE	BERVICE L	A all	,					AND ADDRE						
1 100	Mellel	11 Well	W 7	-25	90	S	tat	e Ar	nato	omy E	oard	, Ва	alto	., Md.
immEDIATE CAUSE (I disease or condition resulting in death) Sequentially list cond	ditiona,	e. DUE TO	O (OR AS A C	ONSEO	UENCE OF	F):	ret	~						Onset and Death
if any, leading to immoduse. Enter UNDERI CAUSE (Disease or in that initialed avents resulting in death) La	LYING njury	C	O (OR AS A C					===						
		d												
PART II. Other signif	tent condition	one contributing to	death but	not re	eaulting i	in the u	nderlyli	ng ceuse	given ir	Part I.	24a. WAS AF PERFO 1 YES	RMED?	241	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOGBITAL				00000	-	PLACE OF E	EATH (C	heck only one)			
1 YES ZXXNO		HOSPITAL:	☐ ER/Outputi	lent 3	□ DOA	OTHE 4X Nu	Ft: rsing Ho	me 5 🗆 R	esidence	8 🗆 Other	(Specify)			
	Pending Investigation		F INJURY Day, Year)		28b. TIM	E OF URY M	W	JURY AT YORK? YES 2] NO	28d. DE\$	CRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE	OF INJURY -	At hor	ne, farm, s	street, fac	tory, offi	ice			TION (Street or Town, State		er or Rural	Route Number,
torroom only	7.0	SICIAN: To the best of												a) end manner as stated.
29b. SIGNATURE AND TO	LE OF CERTIF	EA	0						ENSE NU			29d. DA		24, 1990
30. NAME AND ADDRESS						,								
A. Austin			300 We		Nint	h St	ree	t, Fr	edei	rick,	Mary!	Land	217	01
JUL 26 199	10 Year)	ratio Davidos		100										



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The	ite has	em 23
IAN: The	tificate has	or Item 23
SICIAN: The	certificate has	d, or Item 23
PHYSICIAN: The	this certificate has	riked, or item 23
ING PHYSICIAN: The	After this certificate has	marked, or Item 23
ENDING PHYSICIAN: The	OR; After this certificate has	8 Is marked, or Item 23
ATTENDING PHYSICIAN: The	ECTOR; After this certificate has	n 28 is marked, or item 23
DR ATTENDING PHYSICIAN: The	DIRECTOR: After this certificate has	nours after death with the State Dept item 28 is marked, or item 23
ITAL DR ATTENDING PHYSICIAN: The	RAL DIRECTOR: After this certificate has	17 nours after death with the State Dept.: If item 28 is marked, or item 23
OSPITAL DR ATTENDING PHYSICIAN: The	UNERAL DIRECTOR; After this certificate has	win 72 nours after death with the State Uept ANT: If item 28 is marked, or item 23
HE HOSPITAL DR ATTENDING PHYSICIAN: The	HE FUNERAL DIRECTOR; After this certificate has	MATANT: If Item 28 is marked, or Item 23
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the host	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be fled within 12 hours after death with the State Dept. or regain and wental hygiere provi to ounds, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF I		MENTAL HYGIEN	_	20405	
	1. DECEDENT'S NAME (First, Middle, Last) Helen M.	Martin				7 25	90		
	217-18-3122	1 □ M 2 🕱 F 68	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	21	BIRTHPLACE (State or Foreign Country) MD	
TOR	96. FACILITY NAME (if not institution, give stre MERCY HOSPITAL RESIDENCE OF DECEMENT	et and number)			IMORE	DEATH	9c. COUNTY	OF DEATH	
DIRECTOR	MD 10b. COUNTY		10c. CIT	y, town or loca BALTIM			10d. INSIDE CITY LIMITS? 1 X YES 2 □ NO		
FUNERAL		TREET			2123		10g. CITIZEN OF WHAT COUNTRY? USA		
BY FU	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	S. ARMED 2 NO	13. WAS DEC If yes, ap 1 TYES	ENDENT OF HISP ecity Cuban, Maxi- 2 X NO Spec	ANIC ORIGIN? (Specify Yecan, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED									
BE COME	10 TH HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) MARTIN M. FLYNN ANNE BARRETT								
TO B	19a. INFORMANT'S NAME (Type/Print) MAURICE C. MA	RTIN			and Number or Rure	el Route Number, City or To	vn, State, Zip Co		
	20s. METHOD OF DISPOSITION 1♥ Burial 2 □, Cremetion 3 □ Ramov 4 □ Donetion 5 □ Other (Specify)	20b. P	LACE OF DISPO	SITION (Name of ce	metery, cremetory o	20c. L	BALTO	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE TO IN	1	22, NAME A CHAF	LES L.	FACILITY	FUNER.	AL HOME, INC	
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final	mplications that caused to at only one cause on eac	ha death. Do i h line.						
	disease or condition resulting in death) a. Sue To (OR AS A COMBEQUENCE OF) BUE TO (OR AS A COMBEQUENCE OF)								
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
1	PART II. Other significant conditions	contributing to death but	not resulting	in the underlyin	g cause given	In Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ent 3 DOA	OTHER:	LACE OF DEATH (Check only one) a Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		IE OF JURY W 1	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW			
ETED	3 Suicide a Could not be determined	26s. PLACE OF INJURY — building, stc. (Specify	At home, farm,	street, factory, offi		281. LOCATION (Street City or Town, State	and Number or .)	Rural Route Number,	
COMPL	one) 2 MEDICAL EXAMINER	AN: To the best of my knowled On the bests of examination a						ause(s) and manner as stated.	
TO BE C	296. BIOMATURE AND TITLE OF CERTIFIER	Vecher	no	K)	29c. LICENSE N	UMBER	29d, DATE S	IGNED (Many), Day, Year)	

DHMH-16 Rev 1/89

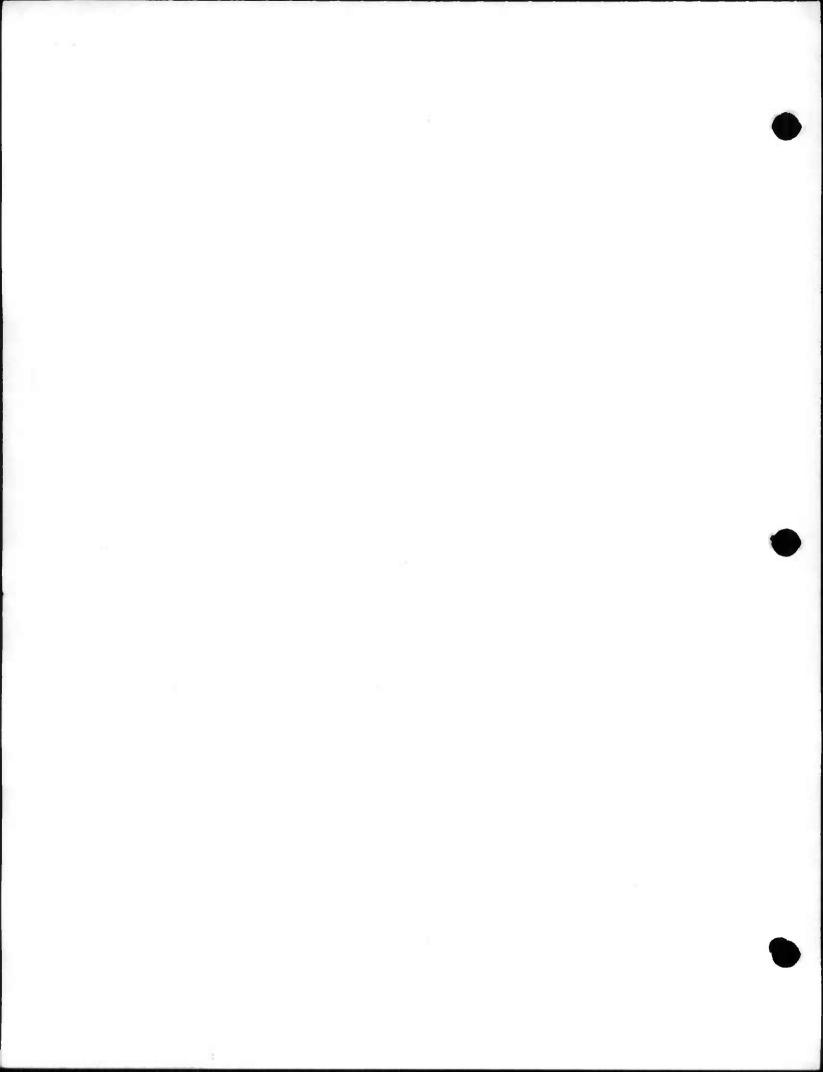
BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR	SIAIE UF I	MAKYLANU / CE		ICATI					EG. NO.	:			
	1. DECEDENT'S NAME (First, Middle,								2. DATE OF I	DAY	,	YEAR	3. TIME OF DEA	ITN
	REGINA MIESKOWSI	KI							монтн 07	25	199	30	3.50	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AOE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E (Month, Day	y. Year)		8. BIRTNI Country	PLACE (State or I	Foreign
	215-03-4887	1 □ M 2 😾 F	86	YRS.					3/2	/04			TIMOR	E
OR	90. FACILITY NAME (If not Institution, NORTH ARUNDEL HI					BURNIE	ON OF DEA	ATN		9c. COUN	A.A.	EATH		
DIRECTOR	RESIDENCE OF DECEDEN 10a, STATE 10b, C			10c, CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE CIT	γ
8	MD				BAL	TIM	ORE	COU	NTY				LIMITS?	
					10f. ZIP CODE						10g. CITIZ	EN OF W	NAT COUNTRY?	
ER/	510 S. 45th STREET				21224				4	4 USA			A	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 1								or No-	14. RACE Black	— American Inc.	flan,		
BY F	1 Never Married 2 Marriad 3 Wildowed 4 Divorced		WAR OR DATES					Specify:		,		Specif	fy:	.
	15. DECEDENT'S	S EDUCATION	16a, DE6	SEDENT'S	USUAL O	CCUPATIO	ON .		18b KIN	ID OF BUS	INESS/IND	ISTRY	WHIT	<u>-</u>
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	college (1-4 or 5	(O/n	ve kind of	work done se retired.)	during mo	st of working	ng						
됩	8 th		"	Н	OMEM	AKE	R		-					1
Š	17. FATNER'S NAME (First, Middle, La	st)					18. MOT	NER'S NAM	ME (First, Middl	le, Malden S	Surname)			
BE (MICHAEL H								A DOU					
5	19a. INFORMANT'S NAME (Type/Print								loute Number, (
	JUNE SHOCE	ζ	20b. PLACE (T BA		ATION —		21224	
	1 Surial 2 Cremation 3 4 Donation 5 Other (Specify		other pla	(08)				TER			BALT			- 1
	21. SIGNATURE OF FUNERAL SERVI			011	22.	NAME A	ID ADORE	SS OF FAC	CILITY					
	1 0 Mg	Parist In	1.										HOME,	
	23. PART I. Enter the disease								T AVE				Approxi	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Const	O (OR AS A CONSEC	1	lea OF):	t	7	and	lend			-		Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	c. DUE TO	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	DUENCE C	OF): OF):								20	vek
2	PART II. Other algorificent con	ditions contributing to	o death but not re	esulting	In the u	nderiyin	g ceuse	given in	Part I. 24	a. WAS AN	AUTOPSY	24b	WERE AUTOPSY	FINDINGS
ICAL									1	PERFOR	-	-	COMPLETION OF	
PHYSICIAN: MED													1 YES 2	MO
ä														
CA	25. WAS CASE REFERRED TO MEDI- EXAMINER?	CAL HOSPITAL:			ОТНЕ		LACE OF E	DEATH (Che	eck only one)					
IXSI	1 YES 2 NANNER OF DEATH	1/2 Inpetient 2	☐ ER/Outpetient 3	DOA 28b. TII	4 □ Nu	rsing Hor	_	esidence	8 Other (S		111mm 00	NIBED.		
	Netural 8 ☐ Pending	(Month,	Day, Year)		JURY	W	IURY AT ORK? YES 2 [¬ NO	28d. DESCR	IBE NOW II	NJOHT OCC	UNED		
ВУ	2 Accident Investig 3 Suicide 8 Could	28e. PLACE	OF INJURY — At ho	me, ferm,	street, fac				281. LOCATIO	DN (Street a	and Number	or Rural I	Route Number,	
TEC	4 Nomicida determi		g, atc. (Specify)						City or 1	own, State)				
COMPLETED	(Orack Oray	PNYSICIAN: To the best of	/ /										a) and manner as	stated.
BE C	29b. SIGNATURE AND TITLE OF CE	RTIFIER	K	1)-		29c. LIC	ENSE NUN	MBER 90 91	4	29d. DAT	E SIGNED	(Month, Dev. You))
2	30. NAME AND ADDRESS OF PERS						L	,		-		1/2	2)76	,
	-ELLIOTT GORBATY,			D GL	EN BU	RNIE,	MARY	LAND 2	21061					
į.	JUL 26"1991"	Julia Davidso	10-10-10-											

permit. Pages 1, 2, 3 should

=	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

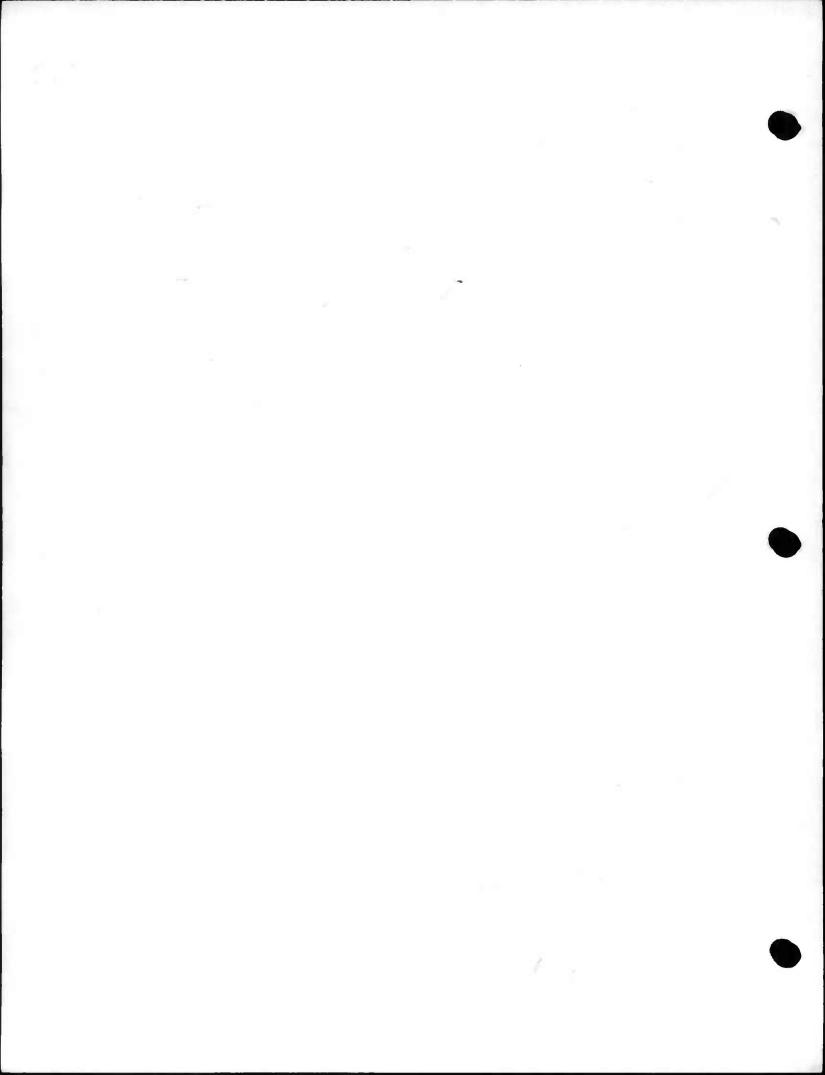
REGISTRAR 1. DECEDENT'S NAME (First, Middle, L		AND / DEPARTI CERTIFIC				REG. NO.		
KATHELINE	mc Dermott	1			2. DATE OF MONTH	F DEATH DAY	90	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 212-20-5485 9e. FACILITY NAME (If not institution, s	1 DM 2 DF 70	YRS.	ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN. R LOCATION OF DE	6/1	9 / 2 0		IRTHPLACE (State or Foreign punity)
UNIVERSITY H	OSPITAL		BALTI		ain .	Ì	e. coon i i c	JF OEATH
RESIDENCE OF DECEDEN 10a, STATE 10b, CO			TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	C-		101	2 1 2 0 1		1	U . S	OF WHAT COUNTRY?
630 W . Faye 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN polify Cuban, Maxican 2 NO Specify	n, Puerto Ric		No- 14, F	PACE — American Indian, Black, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of won life. Do NOT use n	k done durina mo	IN st of working	16b, K	INO OF BUSIN		
17. FATHER'S NAME (First, Middle, Las	1.	1		16. MOTHER'S NA	ME (First, Mic	ddle, Maiden Su	rname)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Rural F	Route Number	; City or Town,	State, Zip Code	9)
23. PART I. Enter the diseases shock, or haart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pnwm	d the death. Do not sach line.	enter the mo					Approximate Interval Between Onset and Dea
		A CONSEQUENCE OF):						
Sequantially list conditions, if any, teading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
if any, teading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS d. DUE TO COR AS d. DUE TO COR AS d.	A CONSEQUENCE OF):	the underlyin	g cause given in		24a. WAS AN AL PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	but not resulting in	the underlyin	ACE OF DEATH (Ch	eck only one)	PERFORM 1 YES 2	ED?	COMPLETION OF CAUSE OF DEATH?
If any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS DUE TO (OR AS d DUE TO (OR AS d HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	but not resulting in	26. PI THER: Nursing Horo NY NY NY NY NY NY NY NY NY NY	ACE OF DEATH (Ch	eck only one)	PERFORM 1 YES 2	ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	DUE TO (OR AS DUE TO (OR AS d DUE TO (OR AS d DUE TO (OR AS d DUE TO (OR AS d DUE TO (OR AS	but not resulting in topetiont 3 DOA 4 28b. Time 1 17 — At home, farm, str	26. PI THER: Nursing Horo OF 28c. IN. WY M 1	ACE OF DEATH (Ch	8 Other 28d. DESC	PERFORM 1 YES 2 [ED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Pending 2 Accident 3 Suicide 6 Could not determine the Check only CERTIFYING 1 CERTIFYING	DUE TO (OR AS DUE TO (OR AS d DUE TO (OR AS d DUE TO (OR AS d DUE TO (OR AS d DUE TO (OR AS	but not resulting in topper a DOA 4 28b. TIME (NJUF Y — At home, farm, strength)	26. PI THER: Nursing Horo TF W M 1 Det, factory, office	ACE OF DEATH (Ch. 5 Residence 18K7 YES 2 NO a and place, and due	s Other 28d. DESC 28f. LOCA:	PERFORM 1 YES 2 (Specify) RIBE HOW INJ FION (Street and Town, State)	JURY OCCURE d Number or R	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



DHMH-18 Rev 1/89

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irector,		r musi
funeral d	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must t
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DIRE	hours	Item
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FUNER	within	TANT

	1 - STATE REGISTRAR		ATE OF DEATH	REG. NO.						
1	1. DECEDENT'S NAME (First, Middle Last)			2. DATE OF DEATH	3. TIME OF DEATH					
,		A R. MUR		JULY 24,1	the State of the S					
i	2.124: 201	400	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN	Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) MD.					
OR	99. FACILITY NAME (If not institution, give street and number) GOOD SAMARITAN HOSPITAL BALTIMORE CITY Sec. COUNTY OF PEATH									
5	RESIDENCE OF DECEDENT 10a CTATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
DIRECTOR	MD.	LIMITS?								
FUNERAL	667 GUTMAN AVER		IUI, ZIP CODE	218	U.S.A.					
BY	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP If yee, specify Cuben, Maxi 1 YES 2 NO Spec		Specify: WHITE					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S UST	done during most of working	18b. KIND OF BUSINES	S/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	RECEPIT		APTS.						
	17. FATHER'S NAME (First, Middle, Last) THOMAS SANDRDS	· · · · · · · · · · · · · · · · · · ·	18. MOTHER'S I	NAME (First, Middle, Maiden Surna	me)					
) BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILINO AD	DRESS (Street and Number or Run	al Route Number, City or Town, Stat	ite, Zip Code) BALT					
욘	CHARLOTTE W. MAIN		FIDELITY BLD		HARLES ST. MD.					
	1 Burial 2 Cremetion 3 Removal from State	other place)	ON (Name of cemetery, cremetory of		ON — City or Town, State					
	4 Donation 5 Other (Specify)	LOF	RAINE PARK 22. NAME AND ADDRESS OF		LAWN, MD. 21207 ORK ROAD 21212					
	·William R. Davis II	7	H.W.JENKIN		CO.BALTO.MD.					
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on earth of the complete shock is a second shock of the cause of the		enter the mode of dying, so	uch es cerdiac or respirator	ry arreet, Approximate interval Between					
	IMMEDIATE CAUSE (Fine) disease or condition	a Cami	olicated bu	CHE. C	Onaet and Deeth					
	resulting in death) DUE TO (OR AS A	CONSEQUENCE OF):	SOU COCHEDI "O"	1011/0	AD TONING					
Z	Sequentially list conditions	hits			Days					
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF):								
윤	that initiated events	CONSEQUENCE OF):								
E	resulting In death) LAST									
١٢١	PART II. Other eignificant conditions contributing to deeth be	ut not resulting in 1	he underlying ceuse given	in Part I. 24a. WAS AN AUTO PERFORMED						
DICAL				1 TES 2 1	COMPLETION OF CAUSE					
M				'	1 _ YES 2 _ NO					
A N	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)						
SICI	EXAMINER? 1 ☐ YES 2 ☑ NO 1 ☑ Inpatient 2 ☐ ER/Outp	entient 3 DOA 4	THER:							
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME O	PF 28c. INJURY AT WORK? M 1 YES 2 NO	284. DEŞCRIBE HOW INJUR	Y OCCURED					
	3 Sulcide s Could not be detarmined 28e. PLACE OF INJURY building, stc. (Special Country of the country of the	— At home, farm, stre	et, factory, offica	281. LOCATION (Street and N City or Town, State)	lumber of Rural Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of axamination									
#	29b. SIGNATURE AND THELE OF CENTRIFIER HULL	N.D	29c, LICENSE P	RUMBER 290	JULY 24.1990					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE. P. NALTINAS	ATH (ITEM 27) (Type, Pri								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	IATURE	GOOD SAM.	HOSPITAL F	BALTO, MD					
	1111 2 6 1990 Ashia Davidson-7	Pandese								



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.

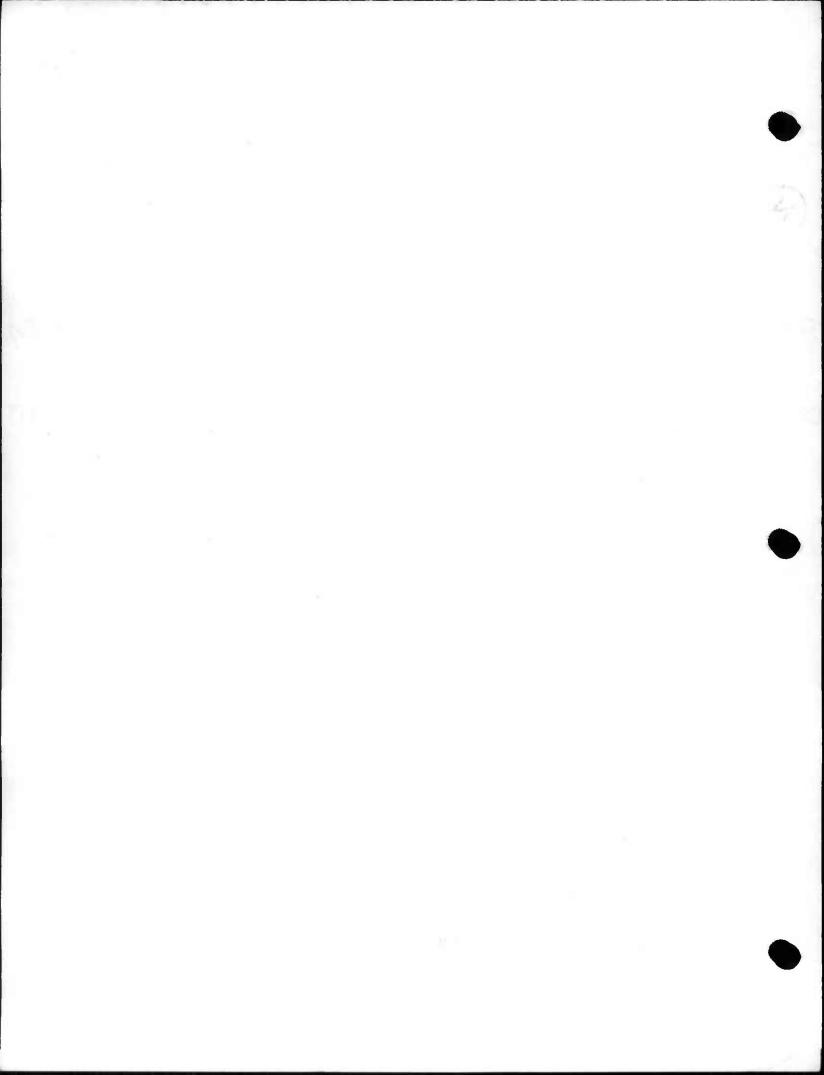
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

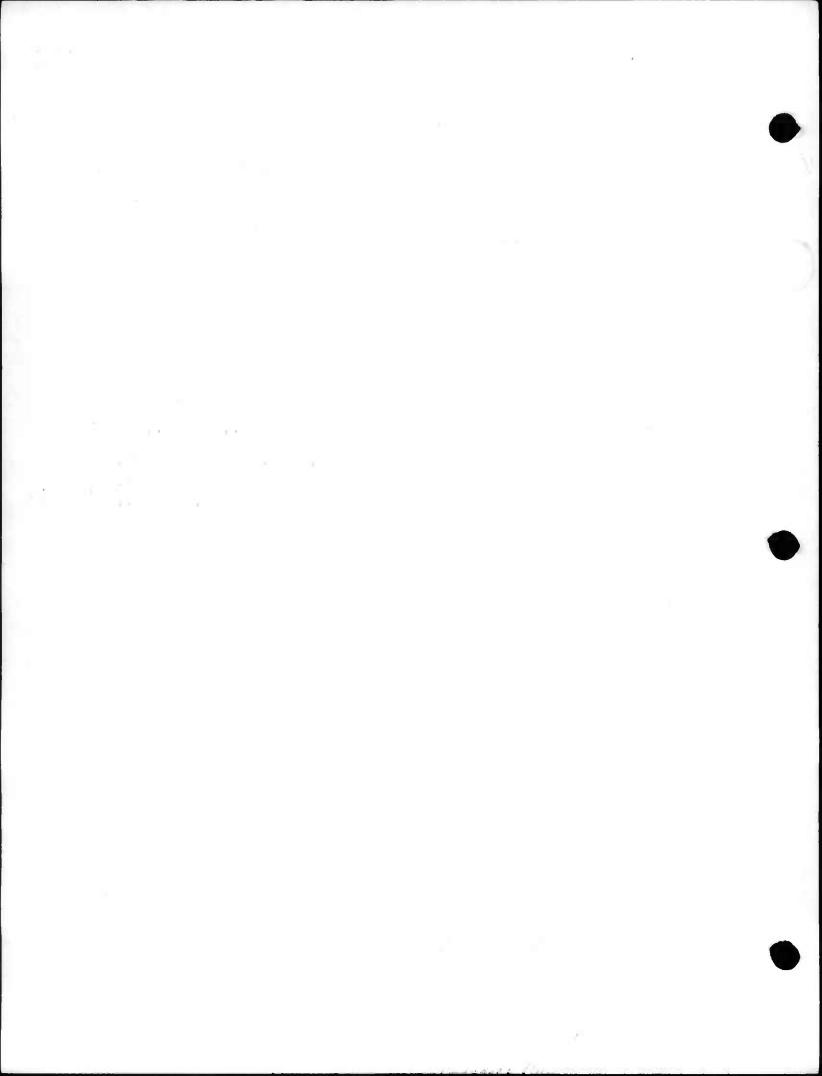
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Lamar K Janal Newsone 2. Date of Death Month 7 23 1990 M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 6. AGE (In yrs. lest birthdey) 1 VRS. 1 V							
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO							
FUNERAL I	100. STREET AND NUMBER 540 S. Wickham Rd 21229 10g. CITIZEN OF WNAT COUNTRY?							
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If Yes, give WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Black							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use religed.) 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done during most of working life. Do NOT use religed.)							
	17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 19. MOTHER'S NAME (First, Middle, Meiden Surname)							
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)							
۴	Thomas 1 Davenport S. 540 S. Wickham Rd Baty, 11021229 200-METHOD OF DISPOSITION 1 Burlel 2 Gremation 3 Removal from State 200- PLACE OF DISPOSITION (Name of comotory, cremetory or other place), and the place of place							
	21. SIGNATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY / 1/2 / L							
	+ Fortra Eleron March F. H. Was usbash Ave							
	23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, abook, or heart feliure. List/only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) e							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST							
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO							
WEDICAL	1 VES 2 NO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending Investigation Inv							
	3 Suicide 6 Could not be building, etc. (Specify) 286. PLACE OF INJURY — At home, fame, street, factory, office building, etc. (Specify) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTIMER WILL (G. M. Mar)							
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) (ROad United Mill)							
	31 JULE FILED (MONTH DOWN 1907) Julia Davidson Mandale							



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TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2x mours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the prince of detached the control of Health and Mental Humans or hemoral	DB IRIGHT WITH IT COUNTS are breat with the case over the country of the market as a national parameter and the market of the market as a national parameter and the market of the marke

REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)	Donald		ker	OF DEATH	2.	REG. NO	7-21-	90 3. TIME OF DEATH 5 8
PARKER	Donald	0	. ICI		_ ['	MONTH D	AÝ Y	EAR JEW PM
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 Y		HRS. 7.	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
212 36 87 16	1 M 2 D F	40 YRS.	MONTHS D	MYS HOURS &	12	2-11-19	1.0	aryland
9a. FACILITY NAME (If not institution, give sti	treet and number)		9b. CITY, TO	OWN OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH
Sina, Ho	sp.ml		1.	Baltin	none			A
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	LOCATION	Bal:	timore		10d. INSIDE CITY
Md.			Ba	1+ima		0		1 X YES 2 NO
				101, ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?
100. STREET AND NUMBER 31.04 Howard Pai	rk Avenue			2120	7			U.S USA
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMED		S DECENDENT OF H			s or No 14	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR OATE			YES 2 NO		,	- 1	specify: Blacke
15. OECEOENT'S EOUG	CATION 10	6a. DECEDENT'S	USUAL OCCL	UPATION		16b. KIND OF BU	SINESS/INDUS	STRY
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done duri se retired.)	ing most of working				
12th 17. FATHER'S NAME (First, Middle, Last)		Jani	tor					
17. FATHER'S NAME (First, Middle, Last)						First, Middle, Maiden	Surname)	
Samuel Parker	, *					tewart		
19a. INFORMANT'S NAME (Type/Print)				Street and Number or				
Lois Stewart	T -			ard Par				
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	oval from State	ther place)	-	tory, I	*			y or Town, State
4 Donation 5 Other (Specify)		e 110 0		ME AND ADDRESS			TOTINO	re, MD
Deor 2	- Jaine		Cre	emation 9 Frede	Soc	ciety o	f Mar	yland, Inc.
	MacNabb							
23. PART I. Enter the diseases, or of ehock, or heart fellure.	complications that caused to List only one ceuse on eec		not enter th	e mode of dving	much as	cardiac or resp	erme vnoteric	t, Approximate
IMMEDIATE CAUSE (Final					, auch a			Interval Between
	0.0					37-50		Interval Between Onset and Death
disease or condition resulting in death)	AID:	S-	50	2051		37-50		Interval Between Onset and Death
disease or condition resulting in death)	a. AID: DUE TO (OR AS A C	S-	50	2051		- mu		Interval Between Onset and Death
disease or condition resulting in death)	a. AID O DUE TO (OR AS A C DUE TO (OR AS A C	S_ ONSEQUENCE O	S-	00ph		37-50		Interval Between Onset and Death
disease or condition resulting in death)	A	S_ ONSEQUENCE O	S-	oeph c.km		37-50		Interval Between Onset and Death
disease or condition resulting in death)	A	CONSEQUENCE OF	S-Resp.	2051 neph		37-50		Interval Between Onset and Death
disease or condition resulting in death)	b. DUE TO (OR AS A C	CONSEQUENCE OF	S-Resp.	neph r.km		37-50		Interval Between Onset and Death
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C	ONSEQUENCE O	S-Resp.	0 ept	'S.	- mu withy.	ltiple o	Interval Between Onset and Death
disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C	ONSEQUENCE O	S-Resp.	0 ept	'S.	mu why.	Hyle a	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C	ONSEQUENCE O	S-Resp.	0 ept	'S.	mu ruthy.	Hyle a	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	b. DUE TO (OR AS A C	ONSEQUENCE O	S-Resp.	0 ept	'S.	mu why.	Hyle a	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	b. DUE TO (OR AS A C	CONSEQUENCE OF CONSEQ	Resp.	0 ept	S. Call	mu The set of the set	Hyle a	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death) Sequentielly list conditions, if emy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO (OR AS A C	ONSEQUENCE OF THE PROPERTY OF	In the unde	PEPA P. Kry J ertying cause give	S. Carl	mu Thy and a series of the	Hyle a	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C d. S contributing to death but DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	CONSEQUENCE OF CONSEQ	in the unde	Priying cause gives	S. Carl	mu Thy and a series of the	NAUTOPSY PIMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A C	CONSEQUENCE OF CONSEQ	In the unde	P & PLACE OF DEA	Call TH (Check	mu why n sa. 11. 24a. WAS AP PERFO 1 YES only one)	NAUTOPSY PIMED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide e Could not be	DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C d. S contributing to death but DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	ONSEQUENCE OF TONSEOU	in the unde	Priving cause give 26. PLACE OF DEA: WORK? 1 YES 2 1	TH (Check to the control of the cont	Ti. 24a. WAS AI PERFO 1 YES Only one) Other (Specify) Id. DESCRIBE HOW	NALITOPSY PRIMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide e Could not be determined	DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. E. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	ONSEQUENCE OF TONSEOU	in the unde	Priving cause give 26. PLACE OF DEA: WORK? 1 YES 2 P	TH (Check to the control of the cont	TI. 24a. WAS AN PERFO 1 YES only one) Other (Specify) Id. DESCRIBE HOW	NALITOPSY PRIMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide e Could not be determined	DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. E. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	ONSEQUENCE OF CONSEQU	In the under	P C P P P P P P P P P P P P P P P P P P	Call TH (Check tence & E	Ti. 24a. WAS AN PERFO 1 YES Only one) Other (Specify) Id. DESCRIBE HOW II. LOCATION (Street City or Town, State	N ALTOPSY RMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide e Could not be determined	DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. Established the second of the second	ONSEQUENCE OF CONSEQU	In the under	26. PLACE OF DEAL g Home 5 Reside sc. INJURY AT WORK? 1 YES 2 8 y, office	Carl Check TH (Check 28 NO 28	Ti. 24a. WAS AN PERFO 1 YES Other (Specify) Id. DESCRIBE HOW H. LOCATION (Street City or Town, State	N AUTOPSY RMED? 2 NO RNJURY OCCU	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 1 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C DUE TO (O	ONSEQUENCE OF CONSEQU	In the under	26. PLACE OF DEAL g Home 5 Reside sc. INJURY AT WORK? 1 YES 2 8 y, office	TH (Check to to to to to to to to to to to to to	T. 24a. WAS AI PERFO 1 YES Only one) Other (Specify) Id. DESCRIBE HOW H. LOCATION (Street City or Town, State the cause(s) and me e, date and place, s	NAUTOPSY RIMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide e Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C DUE TO (O	ONSEQUENCE OF CONSEQU	In the under	eriying cause give 26. PLACE OF DEA' 19 Home 5 Reeld 26. INJURY AT 1 YES 2 P 27. Office 28. Industry at and place, and p	TH (Check to to to to to to to to to to to to to	Ti. 24a. WAS AI PERFO 1 YES Only one) Other (Specify) Id. DESCRIBE HOW H. LOCATION (Street City or Town, State the cause(s) and me e, date and place, a	NAUTOPSY RIMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide e Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C d. DUE TO (OR AS A C DUE TO (ONSEQUENCE OF CONSEQU	In the under the time on, in my opin	eriying cause give 26. PLACE OF DEA' 19 Home 5 Reeld 26. INJURY AT 1 YES 2 P 27. Office 28. Industry at and place, and p	TH (Check to 10 28 NO 28 NO 28 NUMBER	Ti. 24a. WAS AI PERFO 1 YES Only one) Other (Specify) Id. DESCRIBE HOW H. LOCATION (Street City or Town, State the cause(s) and me e, date and place, a	NAUTOPSY RIMED? 2 NO INJURY OCCU	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RUTH Route Number, 1. cause(s) and manner as stated.



1 Netural
2 Accident

3 Suicide

4 Homicide

BY

COMPLETED

BE

2

ON OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
INIG PHYSICIAN: The law requires that the death certificate be executed within Zamours after death, Page 6 may be retained by the hospital or attending physician.	12
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,3 should beat with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	3 should
marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

							0 20410	
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND I	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	. /		L OI BLAIII	2. DATE OF DEATH MONTH DA	YE/	3. TIME OF DEATH	
	Don		Lhurg		7 23	90	0320 AM	
	2/2-60-6135	5. SEX 6. AGE (in yrs. le	YRS. IF UNI	B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dev Year)		HRTHPLACE (State or Foreign ountry) Md	
OR	9a. FACILITY NAME (If not institution, give so	treet and number) Hospital	9b. C	ty, town or location of or Baltimore	EATH	9c. COUNTY	OF DEATH	
5	RESIDENCE OF DECEDENT 100, STATE 10b, COUNTY	v	ine Cilmentown	OR LOCATION			10d. INSIDE CITY	
DIRECTOR	Md		10c. co Ray	rdallstown			LIMITS?	
FUNERAL	860 WOO	lspring Road		101. ZIP CODE 2113.	3	10g. CITIZEN	OF WHAT COUNTRY?	
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. A FORCES? 1 TYES 2 TIF YES, GIVE WAR OR DATES	ARMED 1	3. WAS DECENOENT OF HISPAI If yes, specify Cuben, Maxica 1 YES 2 NO Specif	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (DECEDENT'S USUAL (Give kind of work do (6. Do NOT use retired	ne during most of working	16b. KIND OF BU	SINESS/INDUST	RY	
BE CON	17. FATHER'S NAME (First, Middle, Last)	burg		18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)		
TO B	Carolun Ead	10	8601	ESS (Street and Number or Rural WoodSpri	Route Number, City or Tow	n, Signa Zip Coo	Pallstun Hd	
	20e, METHOO OF OISPOSITION 1 6 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	20b. PLACI other	E OF DISPOSITION place)	Name of comotory, cremetory or $low ridge$	Cen 200. LO	CATION - City	or Town, State Use, Md	
	21. SIGNATURE OF FUNERAL SERVICE LIC	March	,	2. NAME AND ADDRESS OF FA	H. West	abash	Aue	
	23. PART 1. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the clist only one cause on each list	death. Do not an	ter the mode of dying, aud	h as cardiac or resp	ratory errest,	Approximate interval Between Onset and Death	
z		OUE TO (OR AS A CONS	EOUENCE OF):				Vests	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEQUENCE OF):		-			
ERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST							
CAL CE	PART ii. Other aignificant condition		t resulting in the	underlying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL					1 _ YES :	and in	OF DEATH? 1 YES 2 NO	
ä				··· 				
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF GEATH (CI	neck only one)			
YSI	1 TYES 2 NO	1. Inpatient 2 - ER/Outpatient	3 🗆 DOA 4 🗀	Nursing Home 5 - Residence				
F	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO	

29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

1 YES 2 NO

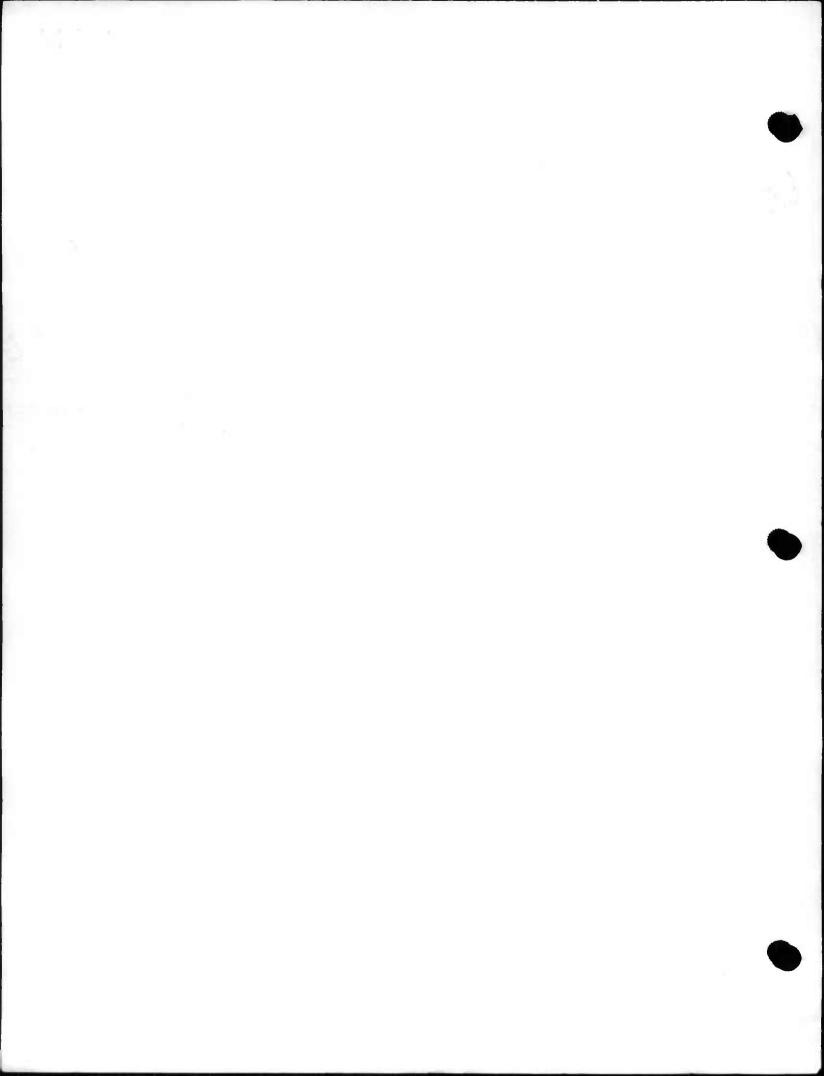
29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER •

М

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Battalane formature 31. DATE FILED (Morith, Day, Year)
JUL 26 1990

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



TO THE HOSPIAN. 3 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DARCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIME. 3 ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DARCTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and N	IMPORTANT: If Item 28 is marked, or item 23 shows any in

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
ļ	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	× 9	YEAR	3. TIME OF DEATH
- 1	PAIT.	RICH			,		1	0	0 0 0
ı	4. SOCIAL SECURITY NUMBER 230-05-9587A	5. SEX 8. AGE (Vne N	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) July 1,19		Country)	
	9a. FACILITY NAME (If not institution, give st			b. CITY, TOWN	OR LOCATION OF DEA		9c. COUN		
DIRECTOR	INTON MEMORIAL	HOSPITAL		DATET	HODE CIEV				
2	RESIDENCE OF DECEDENT 104, STATE 106, COUNTY		10c CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
E	MD.		Balt						LIMITS?
	10e. STREET AND NUMBER		Dare.		I, ZIP CODE		40-01717		AT COUNTRY?
FUNERAL		Box 177			1212		U.S.		TAI COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED			C ORIGIN? (Specify Yes		14. RACE	- American Indian, White, atc.
BY F	1 Never Married 2 Narried 3 Divorced	FORCES? 1 YES			ecify Cuban, Mexican 2 2 Specify:	, Puerto Rican, atc.)			Black
	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S U	SUAL OCCUPATION done during more retired.)	ON ost of working	18b. KIND OF BU	SINESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Oyster S			Seafood			
2	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Maiden	Sumama)		
BE CC	Eddie Rich				Lucy Jon		Surriemey		
TO B	19a. INFORMANT'S NAME (Type/Print)		1.35			oute Number, City or Tow			
	Alice Rich								e MD.21212
ì	20s. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Remo	oval from State	ncaster V	el Chur	ch	Lanc	aster	,VA.	70, Bitala 22503
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	ND ADDRESS OF FAC	Berry O	. Wad	dv	
	Den	0, Was	lus			ancaster,		_	
	23. PART I. Enter the diseases, or o			t enter the me	ode of dying, such	ee cardiac or resp	Iratory arre	est,	Approximate
	shock, or heart fallure. IMMEDIATE CAUSE (Finel	Liet only one cause on e	6		10	0.0			Interval Between Onset and Death
	disesse or condition resulting in death)	· CARRI	Orpa	mono	ery N	RREST	• 		45 minutes
_	MYOCARDIOLIN FARCTION								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): SQ (OS)								
5	CAUSE (Diseese or Injury	C O C P OL	A CONSEQUENCE OF						
E	that initiated events resulting in death) LAST	(x)	STIVE	Noor	+ Eail	000			
5		a. Coryx	3 (100	11001	4 600.11	200			
اد	PART II. Other significant condition	s contributing to deeth	but not resulting in	the underlyle	g cause given in i	Part I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL						1 □ YES			COMPLETION OF CAUSE OF DEATH?
							_		1 TYES NO
2									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. F	LACE OF DEATN (Che	ck only one)			
S	EXAMINER?	HOSPITAL:	netlest 3 000	OTHER:	ne 5 🗆 Residence	E Company (Specific)			
¥	27. MANNER OF DEATN	28s. DATE OF INJURY	28b. TIME		JURY AT	28d, DESCRIBE HOW	INJURY OCC	URED	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY W	ORK? YES 2 NO				
B	2 Accident Investigation	28e. PLACE OF INJUR	V — At home form at			281. LOCATION (Street	and Number	or Rumi R	oute Number
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe		, , , , , , , , , , , , , , , , , , , ,		City or Town, State)		,
۳	29a, CERTIFIER CERTIFYING PNYS	ICIAN: To the best of my know	wiedge, death occurre	f at the time, dat	a and place, and due	to the cause(s) and ma	nner as stat	ed.	
OMP	(Check drify	ER: On the basis of exemination							and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R /			29c. LICENSE NUN		294 DATI	SIGNEO	(Morgh, Day, Year)
TO BE	Danych	agy M	Needy	→	D392	163	1/	19	190
F	30. NAME AND ADDRESS OF RERSON WA	O COMPLETED CAUSE OF D	20	E. WY	U. PAN	TWAY B	altiv	non	e Ma
	31. DATE FILED (Month, Day, Year)	32, BEGISTRAR'S SIG						~ 1	~10
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BALTIMORE, MARYLAND 21203-3146	ath. F	neral	amin
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46.	w pa	al, cu	ws any injury, or other traumatic event, the medical examiner must be no
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DIVISION OF VITAL RECORDS, P.O. BOX 13146.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the executed with the Hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mied in by the funeral director, page 5 should be detached for use as the bunial-train, permit, rages 1, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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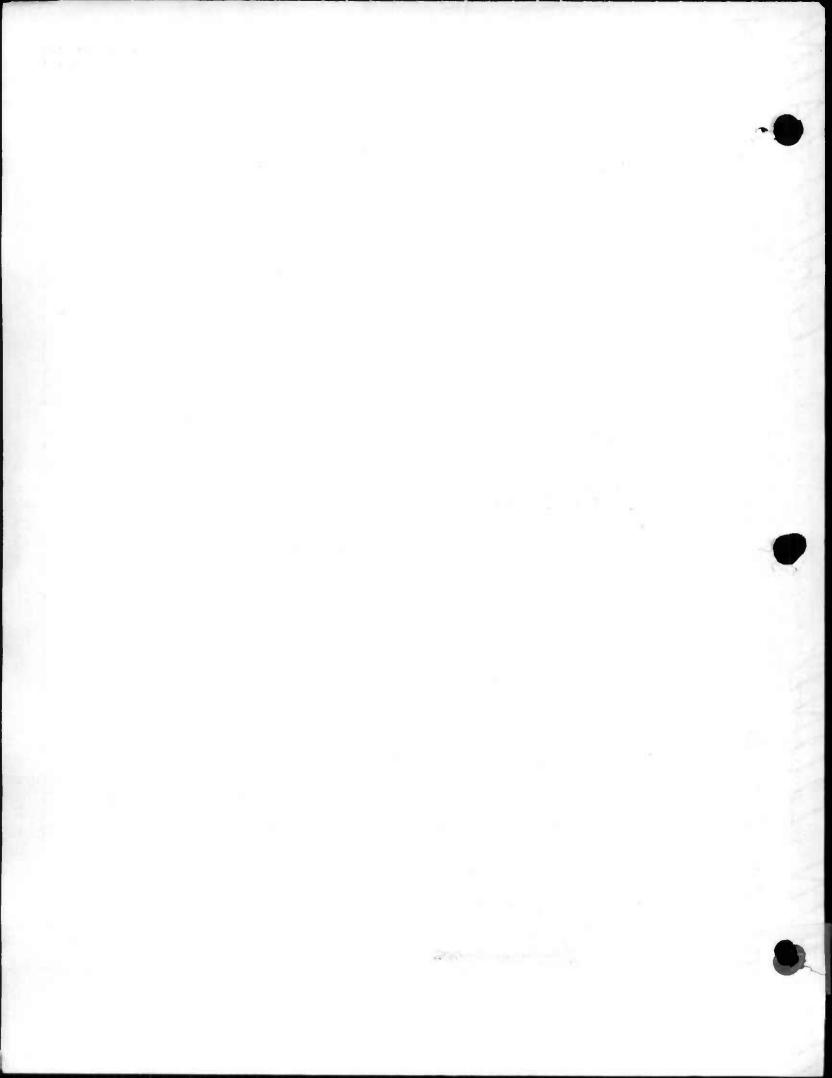
							90 2041		
1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT OF I		MENTAL HYGIE REG. N				
1. DECEDENT'S NAME (First, Middle, Last)	- ROF	BERTS			2. DATE OF DEATH MONTH	\$ 95	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 090-16-7386	1	IGE (In yrs. last birthday)	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	105 8.	BIRTHPLACE (State or Foreign Country)		
90. FACILITY NAME (If not institution, give a EVER GREEN NOR	otreet and number) TH WEST		96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY			
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	BALTO	10c. Cl	TY, TOWN OR LOCA				10d. INSIDE CITY LUMITS? 1 VES 2 NO		
	NEDERE	JUE		f. ZIP CODE	5	10g. CITIZEN	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	If yes, s		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No 14.	RACE — American Indian, Black, White, atc. Specify: BL AOK		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)			S USUAL OCCUPATI work done during m use retired.)		16b. KIND OF	BUSINESS/INDUST	TRY		
				16. MOTHER'S NA	AME (First, Middle, Malo	den Surneme)			
190. INFORMANT'S NAME (Type/Print) KRIS KETSER	1/				Route Number, City or	Town, State, Zip Con	de)		
						LOCATION City	or Town, State		
21. SIGNATURE OF FUNERAL SERVICE LI		7.25.90		nd Address of FA		d, Bal	to., Md.		
23. PART i. Enter the diseases, or shock, or haert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liat only one cause of		Toy 8	ode of dying, suc		spiratory srrest	, Approximate interval Batwee Onset and Deet		
Sequentially, list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	Sequentially, list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOP PERFORMED? 1 □ YES 2 □ NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 22 NO 27. MANNER OF DEATH	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
	(Month, Day, Year) INJURY WORK?					W INJURY OCCUP	RED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
(Orioth Oriny	SICIAN: To the best of my						ause(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIE	en let	7 1	1.D.	29c. LICENSE NU	MBER 2609	29d. DATE S	IGNED (Month, Day Year)		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	DE ETZ (TY)	pe, Print) M. D.	7445	FU.CNAC	Elen 1	MCH PR		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PUSSEN

RE I DER M. D.

32. REGISTRAR'S SIGNATURE



3. TIME OF DEATH

935

6. RIRTHPLACE (State or Foreign

UDA

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, stc.

1 TES 2 NO

BLACK

Approximete

24b. WERE AUTOPSY FINDINGS

t TYES 2 NO

OF DEATH?

COMPLETION DF CAUSE

Interval Between

Onset and Death

24/hrs

6 M

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9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify:

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IMPORTANT: 1

CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

BE

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FOR STATE REGISTRAR

1 -

1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH MONTH STEWart DomeThui 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH DAYS HOURS 1 WM 2 | F YRS. 03-02-8 90. FACILITY NAME (If not institution, give street and number) SIARSA

RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH 21216 Batto 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION USA mo ALTO 1602 H 21 BRADFORD 101. ZIP CODE 21216 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARTTAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (1-4 or 5+) Elementary/Secondary (0-12) 6 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) TENAR IOHN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SLauchTer 19e. INFORMANT'S NAME (Type/Print) WASh Red SO Roders 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE NEY T'S YRES FUNERAL SENICE
144 PIMI'CO DO. 21215. complications that can ed the death. Do not enter the mode of dying, auch es cerdisc or respiratory arreet, re. List only one cause IMMEDIATE CAUSE disease or condition reaulting in deeth) DUE TO OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2- NO 1√S Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending M 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY --- At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner se stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated.

and

29c. LICENSE NUMBER 104310 29d. DATE SIGNED (Month. Day, Year) 21

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

EDIRTRK WASHINGT 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

26 1000 73

29b. SIGNATURE AND TITLE OF CERTIFIER

DHMH-16 Rev 1/89

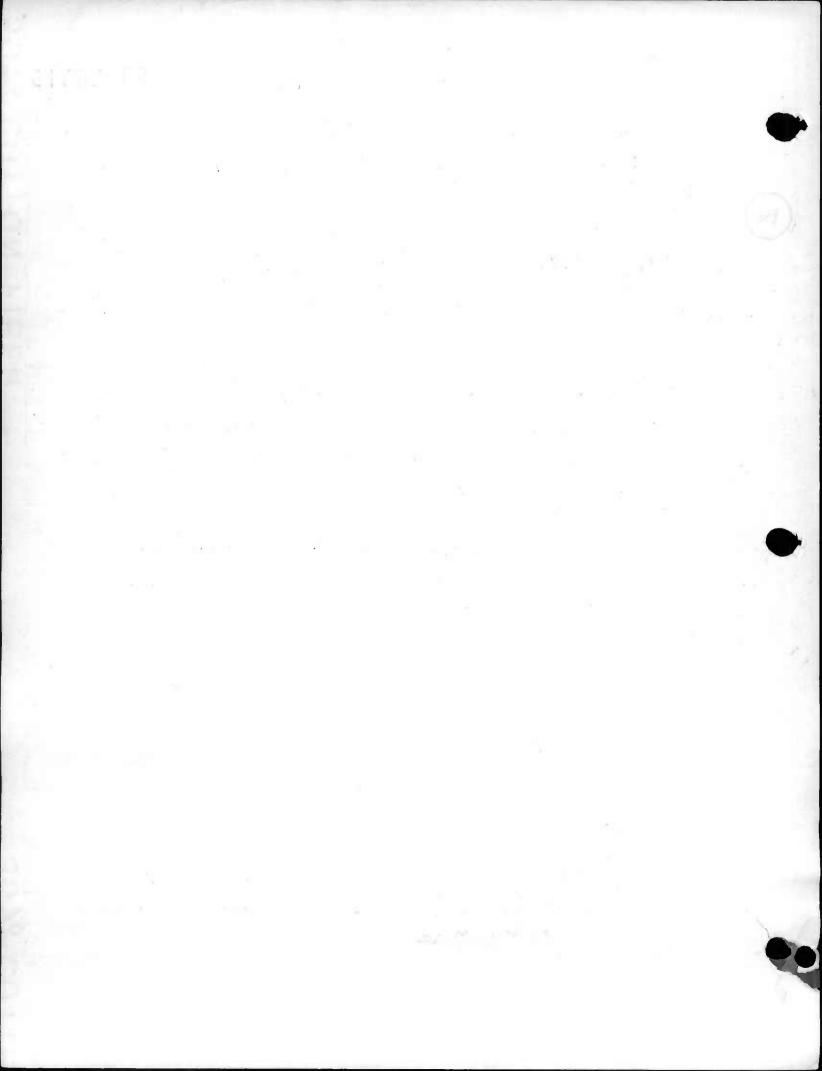
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permode within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician.

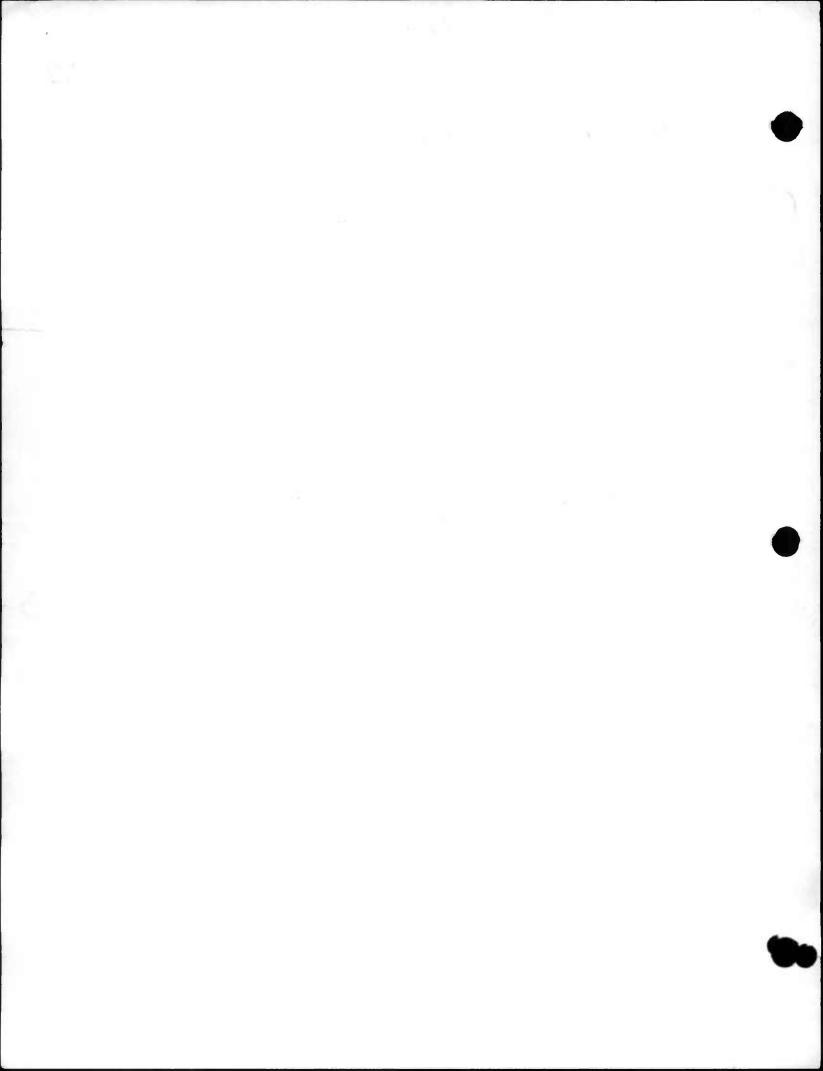
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last)	0			_	2. DATE OF DEATH	DAY YEAR	3, TIME OF DEATH
ANNIE	Kee	SYMO	とドナイ	5	MONTH 2	3 90	10:18 M
4. SOCIAL SECURITY NUMBER 237-38-9172	5. SEX 1 M 2 X/F	6. AGE (In yrs. lest birthday) (6) YRS.	WONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	12 Cou	THPLACE (State or Foreign ntry) N. C.
90. FACILITY NAME (If not institution, give s DMCUID A HOSC RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	treet and number)	1.4	9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
HOMEWAND HOSE	ital S	outh	Balt	more			
10e. STATE 10b. COUNT	1	10c. CIT	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
Ma		Ba	eltim	ore			1 YES 2 NO
10e. STREET AND NUMBER	1. Aug			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
doud CITA	on Ave			nux	2	9	15.14
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO BR OR DATES	If yee,		NIC ORIGIN? (Specify Years, Puerto Rican, atc.)	Bla	CE — American Indian, ick, White, atc.
3 Wildowed 4 Divorced	11 120, 4112 11	ALL OF BALLO		LS 1 g NO specia	,	340	19/ach
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	work done during	TION most of working	18b. KIND OF BU	JSINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	life Do NOT i	use retired.)				
17. FATHER'S NAME (First, Middle, Last)	2			16. NETHER'S NA	AME (First, Migdie, Meide	n Sumeme),	
David Wng	Mt Bon	ey		Hnnie	, Bell	Stalli	ngs
19e, INFORMANT'S NAME (Type/Print)	110	19b. MAILING	G ADDRESS (Stre	et end Number or Rural	Rouse Number, City or To		01122
209 METHOD OF DISPOSITION	nette.	20b. PLACE OF DISPO	SOUTH AND THE	t po. (anued	96630
1A Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	other place)	na M	emous, cromatory or	Parte Ra	ocation - city or	Town, State
21. SIGNATURE OF PUNERAL SERVICE U	CENSEE	1	22. NAME	AND ADDRESS OF F	CILITY	+ L	
1800 G	Mas	ch	Ma	uch F	H.W.	buch .	ave
23. PART I. Entar the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one cau	se on each line.					Approximate Interval Between Onset and Deati
resulting in daeth)		(OR AS A CONSEQUENCE		COLOR	CHICK	JOMCA	
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO	(OR AS A CONSEQUENCE (OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSEQUENCE (OFI:				
resulting in death) LAST	d.						
PART II. Other significent condition	as contributing to	death but not resulting	In the underly	dna causa aluan Ir	Part I 240 WAS A	N AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
TANT II. Other aignineshit constitut	to contributing to	death but not resulting	in the dilderi	my couse given ii	PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES	2 NO	OF DEATH?
							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)		
EXAMINER? 1 Tes 2 No	HOSPITAL:	☐ ER/Outpetient 3 ☐ DOA	OTHER:	lome 5 - Residence	8 Other (Specify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY 28b. TI	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O	PF INJURY — At home, ferm, etc. (Specify)	, street, factory, o	ffice	28f. LOCATION (Stree City or Town, Stat		al Route Number,
4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINITY					<u></u>		
(Check only		my knowledge, death occur xamination end/or investigat					e(e) and manner se stated
296. SIGNATURE AND TITLE OF CERTIFIE			ott, iii iiiy opiilio				
In Que of	Male	uno >	1	D38	f73	► 7/2	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WITH		SE OF OEATH (ITEM 27) (Typ) M.D.	pe, Print)		140581		
31. OATE FILEO (Month, Day, Year)	32. BEGISTRA	AR'S SIGNATURE	71 30				
JUL 26 1990	Julia vavido	01 0-1 0-10-010	100				



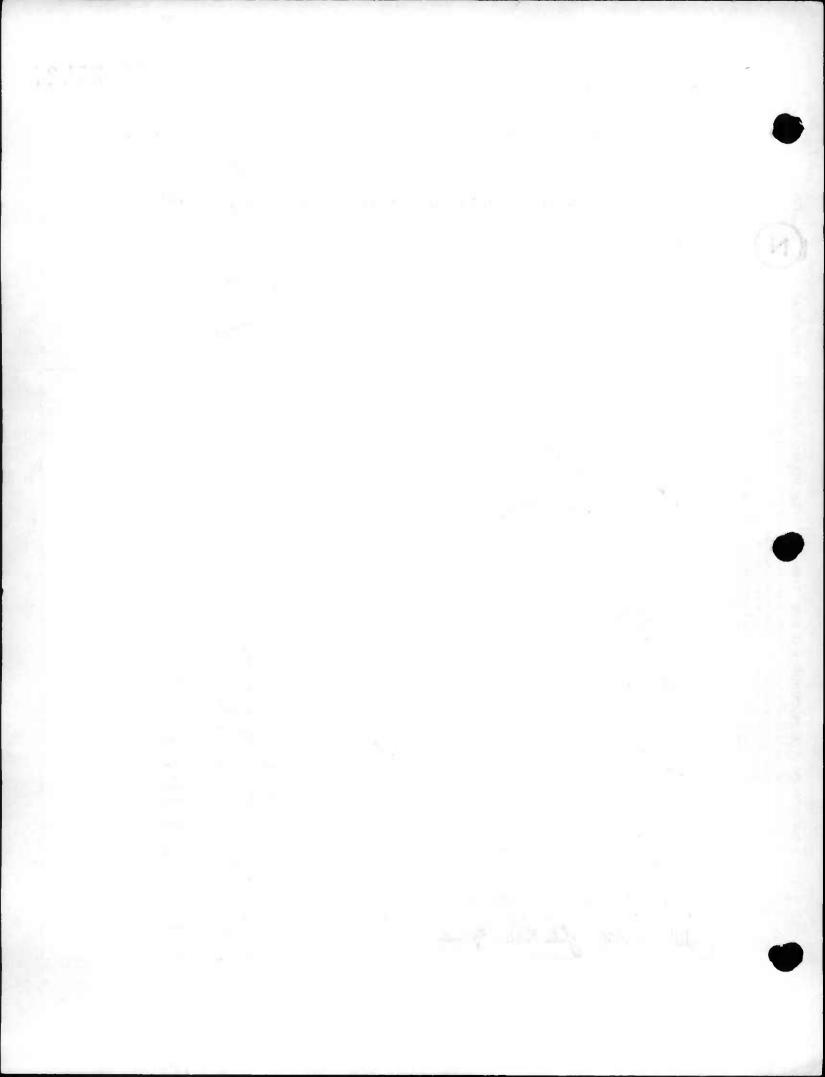
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sections after death. Page 6 may be retained by the hospital properties of the property of the properties o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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JINSC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be flied within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	NT
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	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	Scrogo	rins		2. DATE OF DEATH MONTH D	ay year 2 90	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218 30 H58	1 M 2 □ F	55 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) 7 29 34	Coun	Ma		
E CH	Baltimore RESIDENCE OF DECEDENT	ourty Ger	Hosp 90	Randalls to	EATH	9c. COUNTY OF	DEATH		
UINECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TO	dallstown			10d. INSIDE CITY LIMITS? 1 Tes 2 NO		
FUNERAL	3608 Lang	rehr Rd		101. ZIP CODE 2/207	7	U	what country?		
E A	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA It yes, specify Cuben, Maxico 1 YES 2 NO Specifi	en, Puarto Rican, atc.)	a or No— 14. RAC Blac Spec	E — American Indian, ck, Whita, atc.		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of working	18b. KIND OF BU	SINESS/INDUSTRY	•		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Scrocan	5		AME (First, Middle, Maiden	Surname)	n		
IO BE	194. INFORMANT'S NAME (Type/Print)	1 Somo	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Tow	vn, State, Zip Code)	Vetrus Hed		
	20e_METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from Stata	b. PLACE OF DISPOSITION other place)	ON (Name of cometery, cremetory or	Park He	Dutus 7	own, State		
	21. SIGNATURE OF ENNERAL SERVICE LI	CENSEE	1,00	22. NAME AND ADDRESS OF FA	H- WEST	bach &	Sue.		
٦	23. PART I. Enter the disesses, or ahock, or heert fallure.	complications that cause	d the death. Do not	enter the mode of dying, suc	ch as cardisc or reep	iratory arreet,	Approximats Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or As A CONSEQUENCE OF): Onset and Death 5 mut								
NO.	Sequentielly list conditions, if eny, isading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
HILLATION	couse. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events resulting in death) LAST								
CE	PART II. Other significant condition	ns contributing to death	but not resulting in t	he underlying cause given in			b. WERE AUTOPSY FINDINGS		
MEDICAL	Liabite	- Mellitu	0		1 TYES	AMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)				
2	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		THER:					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED			
EU BY	2 Accident Investigation 3 Suicide S Could not be detarmined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stre- city)		28t. LOCATION (Street City or Town, State		Route Number,		
COMPLETED	anal			it the time, date and place, and du			(a) and manner ee stated.		
BE BE	29b. SIGNATURE AND TITLE OF CERTIFIE	5h-4'	MB	290 LICENSE MU	IMBER	29d. DATE SIGNE	O (Mjorith, Day, Year) 41 90		
0	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	2-30-0 (Type, Pri	garrion	BIVND	1216	0 .		
	31. DATE FILED (Month, Day, Year)	132 DEGISTRAR'S SIG	NATURE.)					



S, P.O. BOX 13146, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			NTAL HYGIEN		30 2042
-	1. DECEDENT'S NAME (First, Middle, Last)	Sachs	ILLIAN M.	SACHS	a	DATE OF DEATH	W _Y	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-18-6234	1 - M 2 = 8	7 YRS. MON		HOURS MIN.	OATE OF BIRTH (Month, Day, Year)	ZI	BIRTHPLACE (State or Foreign Country) [aryland
TOR	P. Kesus Le Nui Residence of decedent	Sing + Convi		01	N LOCATION OF DEAT	н	BAL.	OF DEATH OF CO =
DIRECTOR	MD. Balti			wn or locat sville	ION		-	10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAL	6 Stonehenge Circ	:1e		100	ZIP CODE 21208		U.S.	A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEMENT EVER IN FORCES? 1 YES	2-1 NO	If yes, spe	ENDENT OF HISPANIC body Cuben, Mexicen, 1 2 NO Specify:		or No.— 14	RACE — American indian, Black, White, etc. Sopolly: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2	JCATION le completed) College (1-4 or 5 +)	16a. OECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos red.)	N st of working	0wn Ho		TRY
WOO O	17. FATHER'S NAME (First, Middle, Lest)					(First, Middle, Meiden	Surname)	
BE	N. John Hamelin 190. INFORMANT'S NAME (Type/Print)					naLangman		
2	Marvin Renbaum							
	20a. METHOD OF DISPOSITION 1 Burlet 2 Premation 3 Removed from State 1 Duration Premation 3 Removed from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or pulper place) Dulating Valley Mausoleum 7/25/90 Timonium, Name of cametery, crematory or pulper place)							
	21. SIGNATURE OF PHINERAL SERVICES	Schale J	/	Ruck 105	Towson F O York Rd	uneral Ho	ı, Md.	21204_
	23. PART I. Enter the diseasea of shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on ea	ach lina.					Interval Between
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (on as a consequence of): Sequentially list conditions, Due to (on as a consequence of):							
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa reaulting in death) LAST	CONSEQUENCE OF):	INSEQUENCE OF):					
5	DART II Other cignificant condition	d.	-AA	-4.41				1
: MEDICAL	Anasorca	at not resulting in the	suiting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO			24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Check	only one)	1137	
YSIC	1 NES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		HER: Nursing Hom	e 5 🗆 Residence 8	Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	NET OF DEATH 25e. DATE OF INJURY (Month, Day, Year) 25b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO						RED
TED	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, street	t, factory, office	2	8f. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLE	onel	SICIAN: To the best of my knowl IER: On the basis of examination						
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ÉR			D 199		29d. DATE S	IGNED (Month, Day, Year)
ĭ	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Prin	n d	Lithe	-v1/- 1	nd	21093
		FURE THE PARTY TO		,		110		. 5



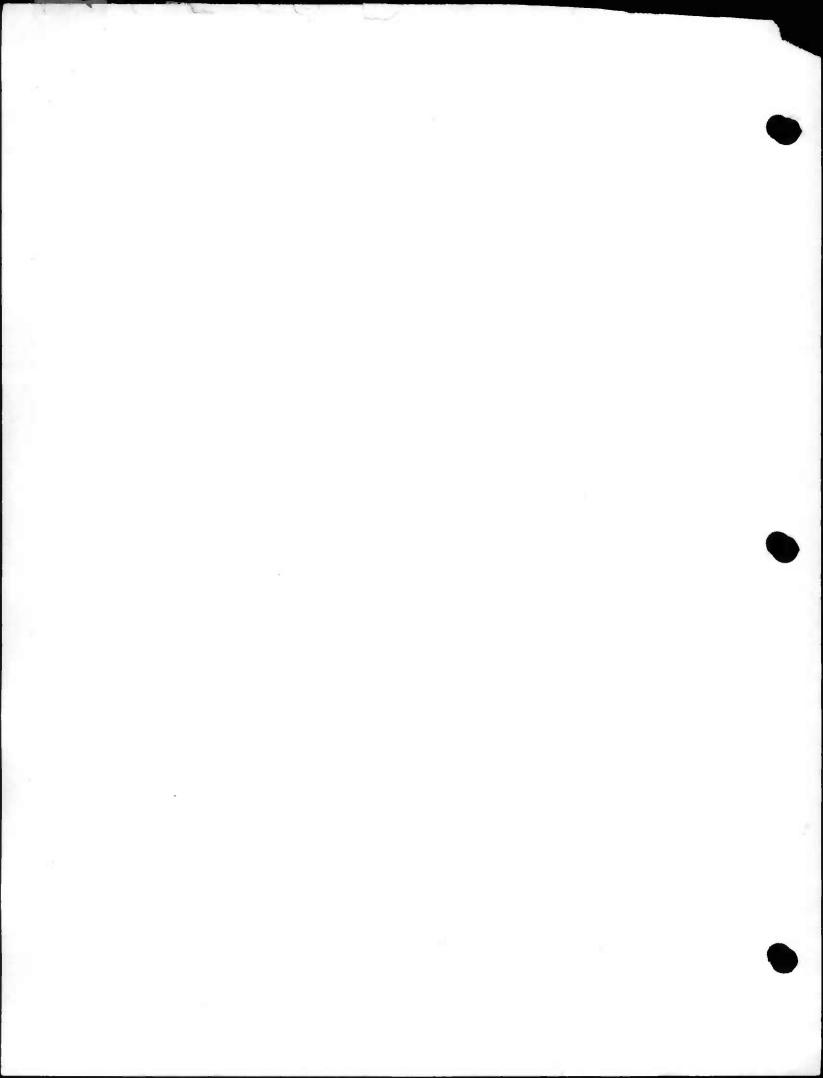
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

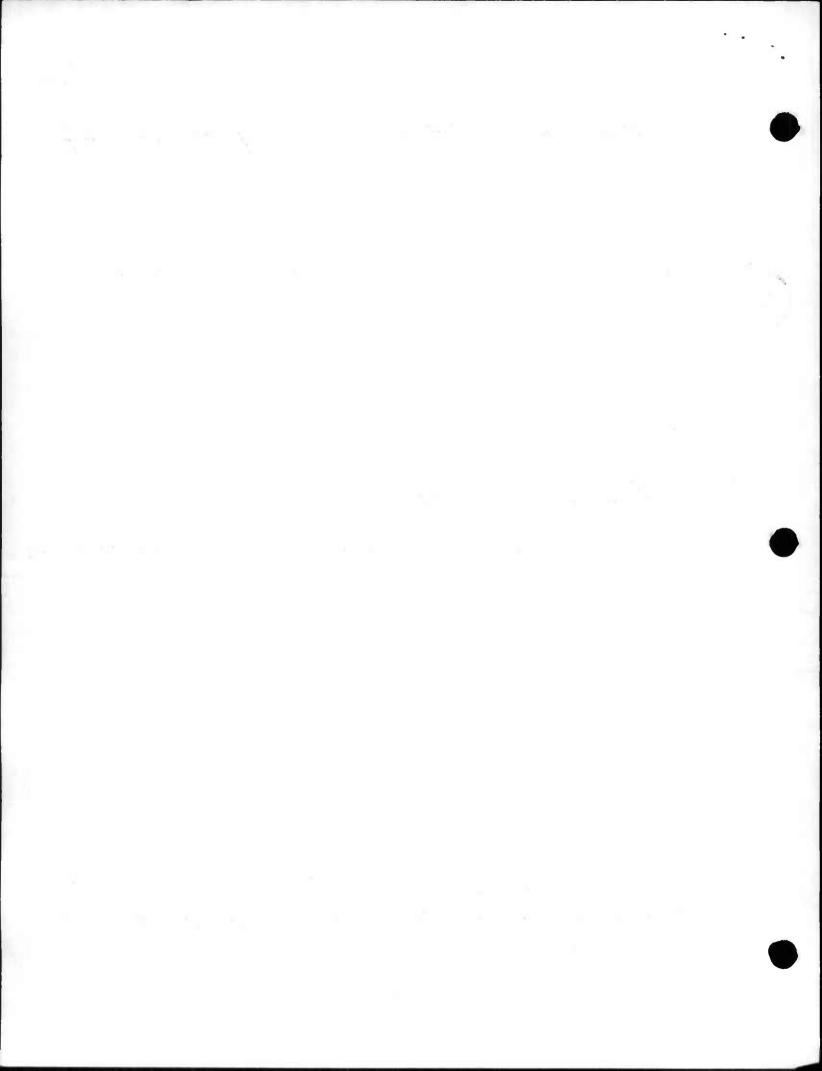
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a more relative death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit within. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIENE REG. NO.	•	U	20422
}	1. DECEDENT'S NAME (First, Middle, Last) JAMES	Б К.	S.	LEGMUND	:	2. DATE OF DEATH DAY 7-11-90	Y YE	AR	1:25PM m
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) III	7. DATE OF BIRTH (Month, Day, Year)					
TOR	9s. FACILITY NAME (If not institution, give 11429 Pulaski Hi	i Highway Baltimore County Baltimore							
DIRECTOR		T LTIMORE		OWN OR LOCATION	COUNTY		<u> </u>	1[I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 11429 Pulaski			1 22	1162		U.S.	Α.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, spec	IDENT OF NISPANIC Ify Cuban, Maxican, NO Specify:	ORIGIN? (Specify Yea Puarto Rican, atc.)		RACE — / Black, Wh Specify: HITI	
COMPLETED	15. OECEOENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most	at working	16b. KIND OF BUS	INESS/INDUST	RY	
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME	E (First, Middle, Maiden :	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) THOMAS SIEGME	UND (broth	19b. MAILING AT			ute Number, City or Town			ā.
	20a. METHOD OF OISPOSITION 1	200	b. PLACE OF DISPOSITI			- T	CATION — City		
	21. SIGNATURE OF FUNERAL SERVICE L	LUNG 7-25	.90		ADDRESS OF FACIL	ыту my Board	, Bal	to.	, Md.
	23. PMT i. Enter the disesses, or abock, or heart failure iMMEDIATE CAUSE (Final disesse or condition resulting in daeth)	List only one cause on a	each line.		a of dying, auch	as cardisc or reapi	ratory arreat,		Approximats Interval Between Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	Fatty liver du				cause given in P	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? Yes 2 \(\sum \) NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	tostiant 3 DOA 4	THER:	CE OF DEATN (Chec				
у РНУ	27. MANNER OF OEATN XXXINatural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJU	RY AT	28d. OEŞCRIBE HOW II	NJURY OCCUR	ED	
TED BY	2 Pulatido	Investigation 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Town, State)							
COMPLETED	CONTROL ONLY	SICIAN: To the best of my know						euse(a) an	d manner as stated.
BE	250 SERVATURE AND TITLE OF CERTIFI	yolh!	AM		29c. LICENSE NUME OCME	DER	29d. DATE SI	GNED (MG	Orth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W MARIO F. GOLLE,	JŔ.,MD	111	Penn S	treet,ba	ltimore,M	D 2120	1	VC
	31. DATE FILED (Month, Day Year)	42. RIGISTRAR'S SIG	ATHELES.						



2	R	ges 1, 2, 3 should		
BALTIMORE, MARYLAND 21203-2146	after death, Page 6 may be retained by the hospital or attending the class.	certificate has been stoned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the burlat the permit. Pages 1, 2, 3 should he begt, of Health and Mental Hygiene prior to burlat, cremation, or removal.	lical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attributions.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fleet within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

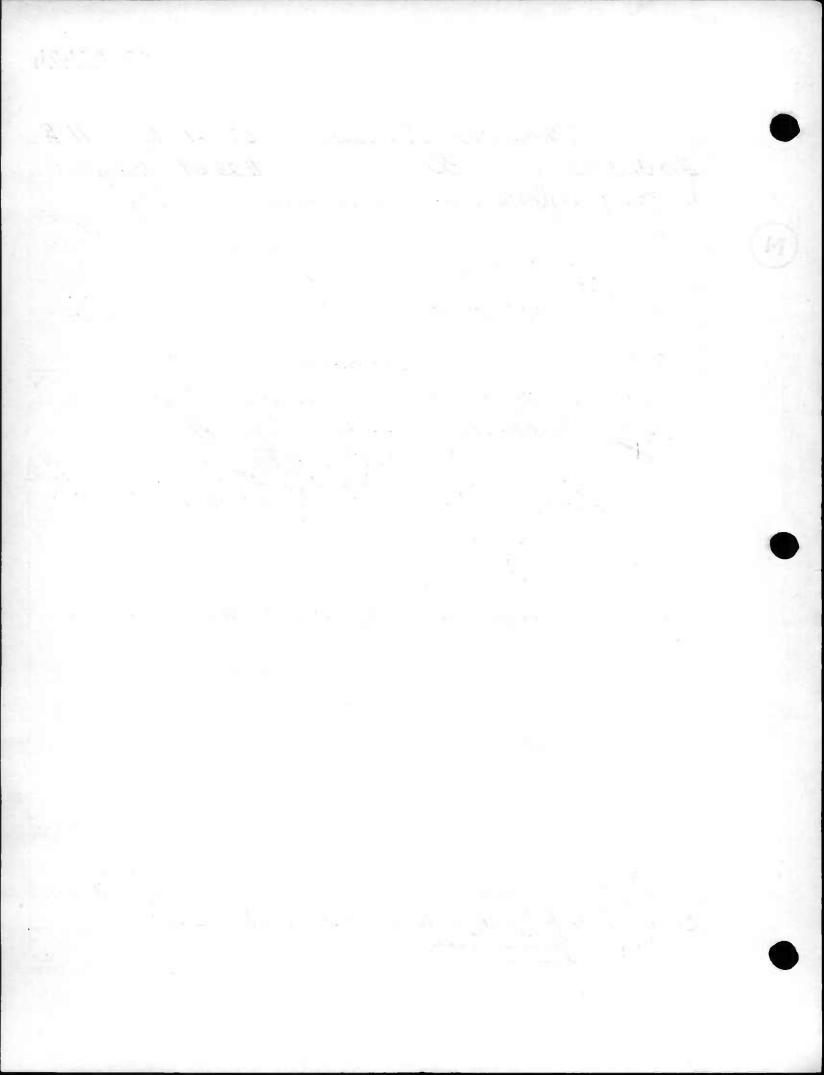
1. DECEDENT'S NAME (First,				CERTIF				1	_	REG. NO.			
EII.		14 A	. 6	41PL						TE OF DEATH	< -	CEAR	3. TIME OF DEATING
4. SOCIAL SECURITY NUMBER		5. SEX		s. last birthday)	_	R 1 YEAR	IF UNDER	24 HRS.		E OF BIRTH	1	a. BIRTH	IPLACE (State on Foreign
218-32-2189		1 M 2 🕮 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	(Ma	onth, Day, Year) /25/37		Countr	ryland
9a. FACILITY NAME (If not ins	titution, give str	rest and number)			9b. CITY	r, TOWN O	R LOCATIO	ON OF DE		7 2 3 7 3 7	9c, COU	NTY OF D	
Baltimore	County	y Genera	1 Hosp						1		Ba	1tim	ore
RESIDENCE OF DEC	EDENT 19b. COUNTY												10d, INSIDE CITY
Maryland	Carro			10c. CITY, TOWN OR LOCATION Sykesville									LIMITS?
10e. STREET AND NUMBER	Call	<u> </u>					ZIP CODE			40- 017177			1 🔀 YES 2 🗌 NO
1524 Wood			"		784			12	.S.A				
11. MARITAL STATUS	Tuge	12. WAS DECEDEN			13.	WAS DEC			VIC ORI	GIN? (Specify Yes		14. RACI	E — American Indian,
1 Never Married 2 1 1 3 Widowed 4 Divor		FORCES?					2 NO			to Rican, etc.)		Speci	
	EDENT'S EDUC	ATION	46-	OE OF DEATH	l	COLIBATIO				ION WIND OF BUILD	WEGG (1315	NIOTEN.	White
(Specify only	highest grade o	completed)		(Give kind of life. Do NOT u	work done	during mo	st of working	ng		16b. KIND OF BUS	INESS/INE	DUSTRY	
Elementary/Secondary (0- 12 Years	12)	College (1-4 or 5	*)			tary				Bevera	ge C	apit	al
17. FATHER'S NAME (First, Mic	ddle, Last)							HER'S NA	ME (Fire	t, Middle, Maiden S		I	
Henry	El	berwein						Ru	th	Prest	on		
19a. INFORMANT'S NAME (Ty	pe/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Flourie N	umber, City or Town	, State, Zip	Code)	
Mr. Glen Shi	Lpe			5 Ph1	ox C	ircl	e A	pt.	A	Owings	Mi11	s, M	D 21117
20a, METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremetion		wal from State	20b. PL	ACE OF DISPO	SITION (N	ame of cen	netery, cren	natory or		20c. LOC	CATION —	City or To	own, Stata
4 Donation 5 D Other	(Specify)			ke Vie						Syke	svil	1e,	Maryland
22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.													
Mee	her	~ m-	Jen	Kin									, MD 21133
IMMEDIATE CAUSE (Findisease or condition resulting in death)	+ .		04	THE	BA	4							
Sequentially list conditi- if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Inju- that initiated events reaulting in death) LAST	flate NG ry	DUE TO	(OR AS A COI	NSEQUENCE O	0F): 0F):	CE4	57	WI	TH	WIDE	SpR	- 740	AGE TASTA
if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injust that initiated events	diate NG ry	DUE TO	OR AS A COL	NSEQUENCE O	0F): 0F):						AUTOPSY MED?		AVAILABLE PRIOR TO
if any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other significant causes of the control of	diete NG ry T	DUE TO	OR AS A COL	NSEQUENCE O	PF): In the u	nderfylng 26. Pt		given in	Part I	24a. WAS AN PERFOR	AUTOPSY MED?		D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leading to immediates. Enter UNDERLYIII CAUSE (Disease or injust that initiated events resulting in death) LAST	diete NG ry T	DUE TO	O (OR AS A COI	NSEQUENCE O	OF):	nderlying 26. Pt	g cause s	given in	Part I	24a. WAS AN PERFOR	AUTOPSY MED?		D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injuithet initiated events reaulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	o MEDICAL	DUE TO DUE TO S contributing to HOSPITAL: 1 Inpution: 2	O (OR AS A COI	NSEQUENCE O	OF): OF): OTHE 4 □ Nu	26. Pt	g cause :	given in	Part I.	24a. WAS AN PERFOR 1 U YES 2	AUTOPSY MED?	24k	D. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injust that initiated events reaulting in death) LAST PART II. Other significant cause of the	diete NG ry T	DUE TO DUE TO S contributing to HOSPITAL: I Inpatient 2	OR AS A COL	NSEQUENCE O	OFF: OTHE A THE UNDERSTAND OTHER	26. PL FR: Insing Hom 28c. INJ WC 1 U	ACE OF D ACE OF D THIS	given in	Part I.	24e. WAS AN. PERFOR 1 YES 2 y one) Wher (Specify) DESCRIBE HOW IN	AUTOPSY MED?	24b	D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
if any, leading to immed cause. Enter UNDERLYIII CAUSE (Disease or injust that initiated events reaulting in death) LAST PART II. Other significant in the cause of the cause	ont conditions D MEDICAL	DUE TO DUE TO S contributing to HOSPITAL: 1 Inpatient 2 26a. DATE O (Month, 28a. PLACE	OR AS A COL	NSEQUENCE O	OFF: OTHE A THE UNDERSTAND OTHER	26. PL FR: Insing Hom 28c. INJ WC 1 U	ACE OF D ACE OF D THIS	given in	Part I.	24e. WAS AN PERFOR 1 U YES 2	AUTOPSY MED?	24b	D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
if any, leading to immedicause. Enter UNDERLYIII CAUSE (Disease or injuit that initiated events reaulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 1 2 Accident 3 Suicide a 6 4 Homicide 29a. CERTIFIER (Check only	ont conditions D MEDICAL Pending Investigation Could not be determined	DUE TO DUE TO DUE TO S contributing to HOSPITAL: 1 Inpatient 2 26a. DATE O (Month, 28a. PLACE building	DER/Outpaties FINJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY	NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O 28b. TII IN At home, ferm,	OTHE 4 Number of Street, feel	26. Pt. FR: printing Hom. 28c. INJ ctory, office time, data	g cause of Display ACE OF Display ACE OF Display AT HRK? YES 2 and place	given in	Part I. 28d. I. 28f. I.	24a. WAS AN PERFOR 1 YES 2 Wher (Specify) DESCRIBE HOW IF COCATION (Street a Sity or Fown, State)	AUTOPSY MED? NO NO NJURY OC	24b	D. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO
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if any, leading to immed cause. Enter UNDERLYIII CAUSE (Disease or injust that initiated events resulting in death) LAST PART II. Other significant in the case of the case o	ont conditions Disconditions Disconditions Disconditions Disconditions Disconditions	DUE TO DUE TO DUE TO Secontributing to HOSPITAL: I Impatient 2 26a. DATE O (Month, 28a. PLACE building	DER/Outpaties FINJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY	NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O 28b. TII IN At home, ferm,	OTHE 4 Number of Street, feel	26. Pt. FR: printing Hom. 28c. INJ ctory, office time, data	ACE OF D S THE STATE OF THE ST	given in DEATH (Ch esidence NO No no and dua	Part I. Part I. 201. L 201. L 101.	24a. WAS AN. PERFOR 1 YES 2 Yone) Wher (Specify) DESCRIBE HOW IN State) COCATION (Street a Stry or Rown, State) cause(a) and man data and place, and	AUTOPSY MED? NO NJURY OC and Number are ata d due to ti 29d. DAT	24b CURED r or Rural ted, the cause(D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated.



ng physician.	the burial-transit woman extent, 2, 3 should		
er death. Page 6 may be retained by the hospital or attend	the funeral director, page 5 should be detached for use as	val.	i examiner must be notified at once.
ICIAN: The law requires that the death certificate be executed within actions after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit versit permit permit a should	he State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING PHYSICIAN; The law require	THE FUNERAL DIRECTOR: After this certificate has been significant.	be filed within 72 hours after death with the State Dept. of He	MPORTANT: If Item 28 is marked, or Item 23 show

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	Times F	manis 7	- Image	·Vi	2. DATE OF DEATH MONTH DO	Y - 9 YEAF	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215-19-2395	5. SEX 6. /	AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mopth, Day, Year)	9 3.81	ATHPLACE (State or Foreign)			
OR	Deaton Hospital	medical (inter	9b. CITY, TOWN	or Location of De	EATH	9c. COUNTY OF GRATE				
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CIT	RA /	ATION TIME	RE		10d. INSIDE CITY LIMITS? 1 VES 2 NO			
FUNERAL	100. STREET AND NUMBER 1430 DE	CAT	UR.	STI	01. ZIP CODE	30	10g. CITIZEN O	F WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 2 15 YES, GIVE WAR O	YES 2 NO	If yes, s	CENDENT OF HISPAN pocify Cuban, Maxica S 2 NO Specify		B	ACE – American Indian, lack, White, atc.			
COMPLETED	15. OECEOENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of life. Do NOT u		nost of working	18b. KIND OF BUS					
BE COM	17. MANUELEFS. Middly, Lost)	Tera	uski	spie	18. MOTHER'S NA	ME (First, Middle, Making	Sec.				
TO B	190. INFORMANT'S NAME (Type/Print)	expus	li 14	30 L	reat	Spute Number, City or Tow	5. 8	1330			
	20a, METHOD OF DISD SITION 1 © Burial 2 Commatton 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		20b. PLACE OF DISPO	SITION (Name of c	and Address of FA	CILITY /206.90	CATION — City of	cent alle			
	23. PART I. Enter the diseases, or	Per Di	da	150	elles &	nt au	e. b.	me fe.			
	shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sensia	on each line.		lode of dying, auc	n as cardlec or resp	iratory arreat,	Approximeta Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	. Degene	AS A CONSEQUENCE OF	indoge	Diseaseo	funtenonin	etrolog	y. Gmos.			
MEDICAL C	PART II. Other significant condition	ns contributing to dea	ith but not resulting	in the underlyi	ng cause given in	Part I. 24a, WAS AN PERFOI 1 YES 2	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 700	HOSTITAL:	(Cutnetlant 2 - DOA	OTHER:	PLACE OF DEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJ (Month, Day,)	URY 28b. TII	ME OF 25c. II	NJURY AT YORK? YES 2 NO	28d, OESCRIBE HOW	NJURY OCCURED				
	3 Suicide S Could not be determined	28e. PLACE OF IN building, atc.	JURY — At home, ferm, (Specify)	street, factory, of	lca	28t. LOCATION (Street City or Town, State)		ral Route Number,			
COMPLETED	one) 2 MEDICAL EXAMIN							se(a) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. MIME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUSE C	F DEATH (STEM 27) (Typ	a, Print)	D-19	358	D 7/2	ED (Morfin, Day, Year) 23/90			
	GEOTGE TRIEV,	M.D. 60	MONATURE	s. J. B	altmore	, the s	1230				
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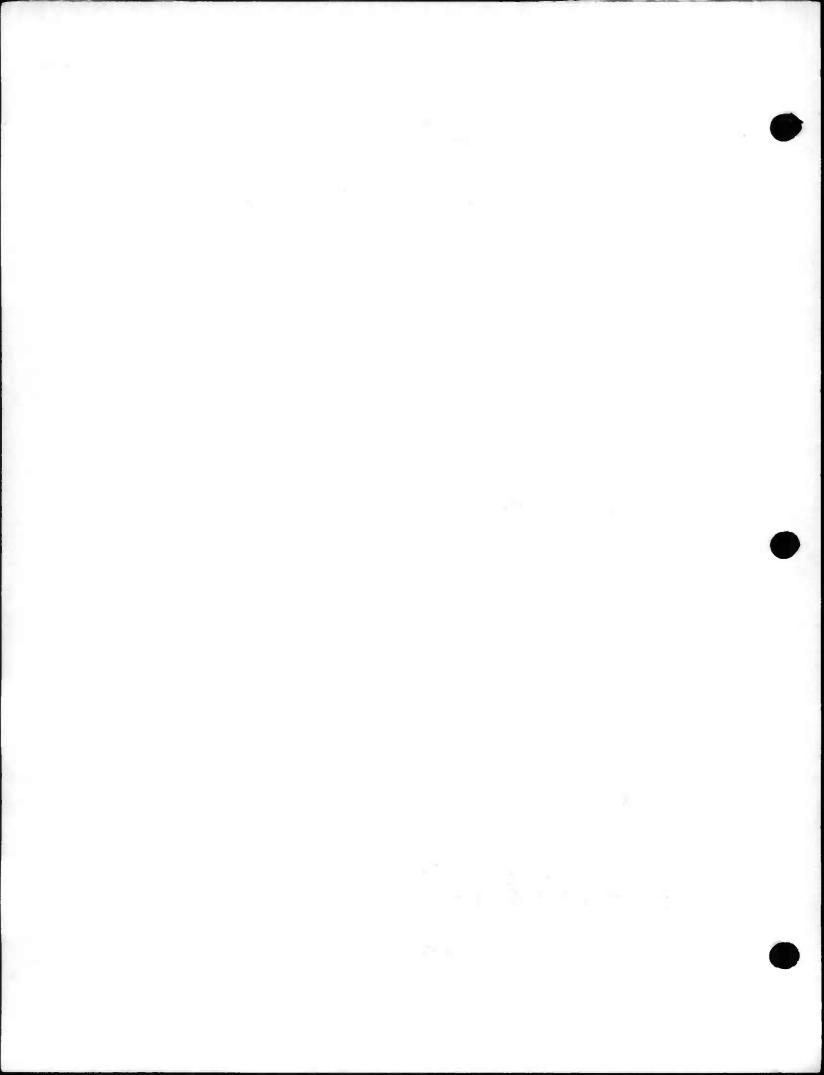
	Item:1, per N FOR STATE REGISTRAR	STATE OF MARYL	and / Depar	RTMENT OF H		MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH		OF DEATH		3. TIME OF DEATH	
		Daniel R.	Bradshav	√		4-4	1-90 DAY	YEA	4:05PM M	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month,	Day, Ybar)		IRTHPLACE (State or Foreign ountry)	
TOR	98. FACILITY NAME (If not institution, give a Francis Scott K		enter		R LOCATION OF DE	CITY	77	9c. COUNTY	OF DEATH	
DIREC	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL DIRECTOR	10a. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp					t. RACE — American Indian, Black, White, etc. Specity: WHITE	
ED	15. DECEDENT'S EDU (Specify only highest grade			USUAL OCCUPATION		16b.	KIND OF BUS	NESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT u	CARNI		G	REAT	SOUTH	ERN SHOWS	
BE CON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	fiddle, Meiden S	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street i	and Number or Rural	Route Numb	er, City or Town	, State, Zip Cod	ie)	
	20a. METHOD OF DISPOSITION 1 Gurlal 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	noval from Since 1201	b. PLACE OF DISPO other placed moval	SITION (Name of car	metery, crematory or		20c. LOC	ATION — City	or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LI	halac 7	-25-20		e Anato		oard,	Balt	o., Md.	
CERTIFICATION	Sequentielly list conditions, if any, iseding to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS .		DF):	ascular o	disea	se		Interval Between Onset end Death	
MEDICAL CE	PART II. Other significent condition	ns contributing to death i	but not resulting	in the underlyin	g cause given in	_	24a. WAS AND PERFORM 1 THE YES X	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES XX NO	
CIA	25. WAS CASE REFERRED TO MEDICAL. VEKAMINER?	HOSPITAL		26. P	LACE OF DEATH (C)	heck only on	10)			
YSI	XXXX YES 2 NO	HOSPITAL:	tpetient 3 DOA		ne 5 🗆 Rasidence	_				
BY PHYSICIAN:	27. MANNER OF DEATH XXXI Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	IJURY W	JURY AT DRK? YES 2 NO	28d. DES	CRIBE HOW IF	IJURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe		, street, factory, offic	co .	28f. LOC City	ATION (Street a or Town, State)	nd Number or F	Rural Route Number,	
COMPLETED		SICIAN: To the best of my know							iuse(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Ford 1	1)		29c. LICENSE NU	IMBER			GNEO (Month, Day, Year)	
10	JULIA C. GOODI		EATH (ITEM 27) (Typ		Street,	R=1+-	imoro			
	JUL 2 6 1990	32. REGISTRAR'S SIG		TIT LOIN	Detect,	Dalt.	THOTE!	M 717	01 vc	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permode within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

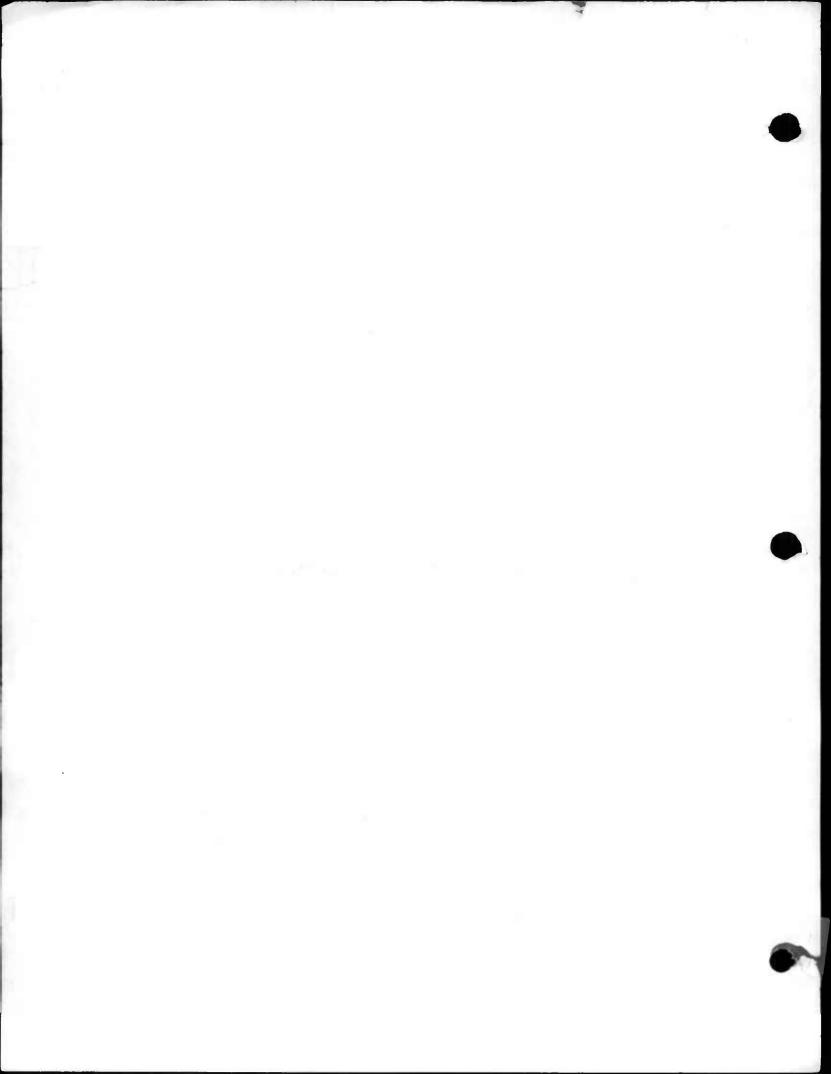
IMPORTANT: It hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89



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FUNERAL DIRECTOR: After this certificate has	TANT: If item 28 is marked, or item 23 :
THE FUNERAL DIRECTOR: After this certificate has	per med writin /2 indus are used with the case copy, or regard to their traumatic event, the medical examiner must be notified at once
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted to the complete of the funeral director, page 5 should be detacted to the complete of the funeral director.

1. DECEDENT'S NAME (First, Middle, Last)						2. OATE O	F OEATH DAY	YEAR	3. TIME OF OEATH	
UNK	NOWN 90-	- 5 5				4-9		TEAN	3:45PM	- 1
4. SOCIAL SECURITY NUMBER	5. SEX 1 🔀 M 2 🗌 F	8. AGE (In yrs. lest		UNDER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	F BIRTH Day, Year)		TTHPLACE (State or Fore intry)	gn
9a. FACILITY NAME (If not institution, give	street and number)	_	9b.	CITY, TOWN	OR LOCATION OF D	EATH	94	c. COUNTY OF	OEATH	
900 Block Fallsw	<i>i</i> ay			Balt	imore Ci	ty				
10a. STATE 10b. COUN	ТҮ		10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 2 N	0
10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN									F WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N		It yes, sp	CENOENT OF HISPA decify Cuban, Mexic 3 2 NO Speci	en, Puerto Ri		Sp	ACE — American Indian ack, Whita, atc. pecify: VHITE	
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17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AMÉ (First, Mi	ddle, Maiden Sun	name)	-	_
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING AD	ORESS (Street	and Number or Rural	l Route Numbe	r, City or Town, S	itate, Zip Code)		
20a. METHOD OF DISPOSITION 1 Donation 5 Other (Specify)	moval from State	20b. PLACE other pla Y e m o V a	nog)	ON (Name of ce	metery, crematory or		20c. LOCAT	TON — City or	Town, Stata	
21. SIGNATURE OF FUNERAL SPRVICE L	JCENSEE /				IND ADDRESS OF F	ACILITY				
23PART I. Enter the diseases, or shock, or heart failure	complications tha		ath. Do not						Approxime	
	complications that List only one cau	t caused the de use on each lina ole stab	wound	enter the m	ode of dying, su	ch ss cerdi	ec or reapirat	ory arrest,	Approxime	Wee Dea
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	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
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	4. SOCIAL SECURITY NUME		5. SEX		s, lest birthday)		R 1 YEAR	IF UNDER	24 HRS	7. DATE OF		1 13		IPLACE (State or Foreign
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	214-30-655 9a. FACILITY NAME (If not in			36		9b. CITY, TOWN OR LOCATION OF DEATH					10	9c. COUNTY OF DEATH		
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2	2840 Paper	r Mill	Road			Phoenix					В	Baltimore		
DIRECTOR	10a. STATE Maryland	10b. COUNTY	Ítimore		10c. CIT	Phoenix								10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				1		Т	04 7IB COD	E			I too CIT	IZEN OF I	WHAT COUNTRY?
FUNERAL	2840 Paper		Road			10f. ZIP CODE 21131				US			And the second s	
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2	15. DEC	EDENT'S EDU	CATION	16	. DECEDENT'S	USUAL	OCCUPAT	TION		16b. Kil	ND OF BUS	SINESS/IN	DUSTRY	
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	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE //	tin V	Mary	200		AND ADDRE						
	Martin D. Lawson Lemmon-Mitchell-Wiedefeld Timonium, Maryland 21093													
	23. PART I. Enter the d shock, or h		complications the			not ente	er tha m	node of dy	Ing, auc	h as cardiac	or respi	ratory a	rest,	Approximate Interval Between
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=	if any, leading to imme cause. Enter UNDERLY	dlate	DOE 10	JOH AS A CO	MSEUVENCE C)+):		- 1/	U					
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	that initiated events resulting in death) LAS	ST /	/	(011 20 21 00	MSEGOENCE C	, r j.								Ì
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	PART II. Other algnific	ant condition	ns contributing to	death but	not resulting	In the u	underly	ing cause	given in	Part I. 24	a. WAS AN		24	b. WERE AUTOPSY FINDINGS
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PHYSICIAN: N	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		PLACE OF E	DEATH (Ch	eck only one)				
2	1 TYES 2X NO		1 Inpetient 2	☐ ER/Outpetle	ent 3 🗆 DOA	4 🗆 No	uraing Ho	ome 5X R	ealdence	6 Other (S	pecify)			
F	27. MANNER OF DEATH	1995	28s. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF	28c. I	NJURY AT WORK?		28d. OESCR	IBE HOW	NJURY O	CUREO	
2	1 Natural 5 2 Accident	Pending Investigation				М		YES 2	NO					
	a Deviate -	Could not be determined	28a. PLACE building	OF INJURY — , etc. (Specify)	At home, farm,	street, fa	ctory, of	fica			ON (Street fown, Stete)		er or Rural	Route Number,
W	29e. CERTIFIER (Charle and 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.													
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	29b. SIGNATURE AND TITL	E OF CERTIEUE	n / /					29c, LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Montly, Day, Year)
N N	1/ lunes	205	to 14	MO					091			•	7/2	1/90
2	30. NAME AND ADDRESS O	E DEDEON ME	10 COMBI EXECUTA	ISE OF DEATH	(ITEM OT) (%-	a Drinet		0	0//	J		-	//	-//
	Robert B		z, M.D.				18 P	ot Sp	ring	Roac	l, Li	uthei	rville	e, Md.21093
-	JUL 777990	Year)	32. REGISTR	ANT SIGNAT	'AE				-:			-		
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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	OR A	DIREC	Item
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any mount after death. Page 6 may be retained by the hospital or attending the hospital or attended within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a second of the sixty permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH E OF DEAT		AL HYGIENE REG. NO.		0 20428	
	1. DECEDENT'S NAME (First, Middle, Lest)			E OI BEAL	2. DATE	E OF DEATH		3. TIME OF DEATH	
	BABY	Boy	BAKE	R.	MONT	TH DAY	90	240 M	
		5. SEX 6. AGE (In yrs. las	MONTHS	R 1 YEAR IF UNDER		OF BIRTH th, Day, Year)		DIRTHPLACE (State or Foreign Country)	
	NA 9a. FACILITY NAME (If not institution, give street	1 × M 2 □ F /4R, 20,		/	20	7/4/9	MARYLAND		
œ	JT. A GNES HOSPI		and the same of th	ALTIMOR		BALTIMONE			
DIRECTOR	RESIDENCE OF DECEDENT	09							
E	10a. STATE 10b. COUNTY		10c. CITY, TOWN					10d. INSIDE CITY LIMITS?	
	Maryland 10e. STREET AND NUMBER		Balt	imore	-		40- OITITEN	1 → YES 2 NO OF WHAT COUNTRY?	
FUNERAL	632 Wildwood Pk	Z1.77		212					
3		12 WAS DECEDENT EVER IN HIS AR	MED 13	. WAS DECENDENT C	F HISPANIC ORIGI		US. or No.— 14.	RACE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	10	If yes, specify Cubs 1 ☐ YES 2 NO		Rican, atc.)		Black, White, atc. Specify:	
Э ВУ	3 Widowed 4 Divorced							Black	
Ë	15. DECEDENT'S EDUCAT (Specify only highest grade co	impleted) (G	CEDENT'S USUAL ive kind of work done . Do NOT use retired.	OCCUPATION of during most of working)	ng 16	b. KIND OF BUS	INESS/INDUST	RY	
2	Elementary/Secondary (0-12) NA	College (1-4 or 5 +)	NA	,					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		2121	16. MOTI	HER'S NAME (First,	Middle, Maiden S	Surname)		
BE C	Not Avai	ilable			ANDREA	Α	BAKE	R	
2	19a. INFORMANT'S NAME (Type/Print)			SS (Street and Number					
-	St. Agnes Hospita			n Avenue					
	20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) New Cathedral Cemetery Baltimore, M.								
	21. SIGNATURE OF FUNERAL SERVICE LICEN			AL CEMET		ва.	Ltimor	e, Md.	
	1	//	-	Howard H					
	4107 Wilkens Avenue, Baltimore, Md. 21229 23. PART 1. Effect the disease, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest. Approximate								
	shock, or heart failure. List only one cause on each line.								
	disease or condition resulting in death) a. CARDIO RESPIRATORY FAILURE								
	resulting in death) B. CHROTO (CS)PIRATORY PAICURE DUE TO (OR AS A CONSEQUENCE OF):								
Z	PREMATURIN								
ERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
2	CAUSE (Disease or injury	OUE TO (OR AS A CONSE	OVENCE OF):						
Ē	that initiated events reaulting in death) LAST								
O	d.								
PHYSICIAN: MEDICAL	PART il. Other eignificent conditione	contributing to deeth but not i	reauting in the t	inderlying cause	given in Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă						1 YES 2	□ NO	OF DEATH?	
Σ				<u>.</u>				1 NES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF D	DEATH (Check only	one)			
SIC	EXAMINER?	HOSPITAL:	OTHI	ER: ursing Home 5 🗆 R	nsidence 6 🗆 Ott	ner (Specify)			
¥	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. D	EŞCRIBE HOW II	JURY OCCUR	ED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2	□ NO				
. 1	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, fa	ectory, offica		CATION (Street a ty or Town, State)	nd Number or I	Bural Route Number,	
COMPLETED	no centiere								
MPI	(Check only	AN: To the best of my knowledge, de On the bests of examination and/or						usede) and manner as stated	
	29b, SIGNATURE AND TITLE OF CERTIFIER	A STATE OF EACHINETION STROOT	veengenon, m m			and piece, an			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Cours MA		29c. LIC	ENSE NUMBER		AND DATE S	GNED (Month, Day, Year)	
9	30, NAME AND ADDRESS OF PERSON WHO		M 27) (Type, Print)					113110	

uting	to	deeth	but no	t reaulting	in the	underlying	cause	given	in Part	1.

24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 TYES 2 NO

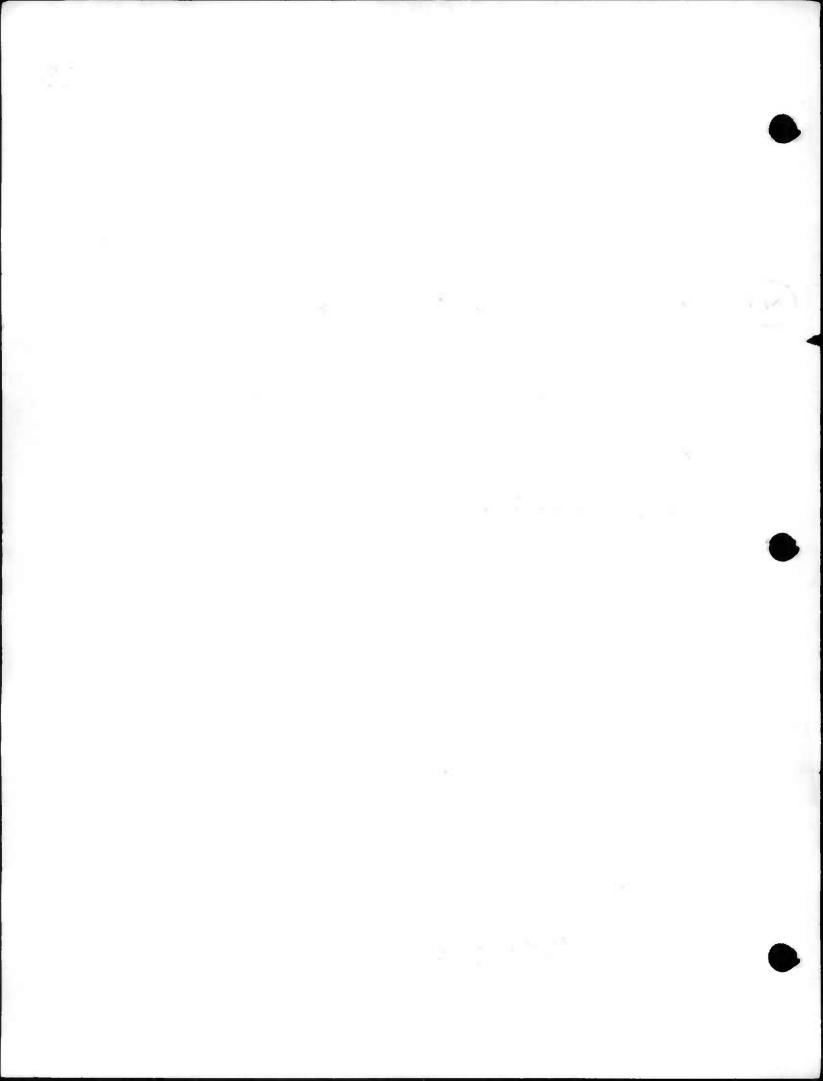
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Check only one)							
1 YES 2 1	NO	HOSPITAL:	3 🗆 DOA	OTHE 4 □ Nu	6 Other (Specify)					
27. MANNER OF DI 1 Natural 2 Accident 3 Suicide 4 Homicide	ATH 5 Pending investigation	(Month, Day, Year)		IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
	6 Could not be datarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	28e. PLACE OF INJURY — At home, farm, building, atc. (Specify)			281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				

HOSPITAL

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, De
I harry . Claure Mis		1/5/9
OR MANE AND ADDRESS OF REDOM WHO COMBLETED CAMPS OF DEATH STEMP OF CO.		

MARY CONNOR

JUL 27 1990



	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR				MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last)	opst. Ba	by B	04			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	NT A	SEX 6. AGE (1)	ym. het birthday) YRS.	IF UNDER 1	_	UNDER 24 HRS.	7. DATE OF BIRTH	3	6. BIRTH Countr	PLACE (State or Foreign Y) Maryland
. B	9a. FACILITY NAME (If not Institution, give street St. Agnes Hospita			9b. CITY, T		imore	ATH	9c. CO	UNTY OF D	EATH
5	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland 106. COUNTY		10c. CF1	Balt:	imore					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 2910 Rayshire Road				10f. ZIP	21230		10g. Cl	USA	VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Widowed 4 Olivorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2) NO	117	yes, specify	ENT OF HISPAN Cuban, Maxica] NO Specify	IIC ORIGIN? (Specify n, Puarto Rican, etc. /:	Yea or No-	14. RACI Black Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12) NA		16a. DECEDENT'S (Give kind of life. Do NOT u	work done du	CUPATION ring most of	working	16b. KINO OF	BUSINESS/IN	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Not Ava	ilable			18.	MOTHER'S NA	ME (First, Middle, Ma DEBORA		вор	ST
5	19a. INFORMANT'S NAME (Type/Print) St. Agnes Hospita	l Admitting		Caton			Route Number, City or altimore			1229
	20g, METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Removal 4 Donation 5 Other (Specify)	from State	PLACE OF OISPO other place) ew Cath	sition (Name	e of cometen	crematory or tery		LOCATION -		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENTAL	of and a		Н	oward		ошту bbard Fur avenue	neral 21229		, Inc.
CERTIFICATION	23. PART I shifer the diseases, or com shock, or heart failure. List immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	consequence	with DF):						Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions or Breech presentation ecchymotic for peripheral cyano	n head eye	_			_	PER	S AN AUTOPS' FORMED? S 2 📈 NO	Y 24t	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					OF DEATH (Ch	eck only one)			
Si		OSPITAL: ₹ Inpatient 2 ☐ ER/Outp	stlant 3 🗆 DDA	OTHER:		☐ Rasidenca	8 Other (Specify)			
	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 2	1 YES	AT 2 NO	28d. DESCRIBE H	W INJURY O	CCURED	
TED BY	2 Accident investigation 3 Suicida 6 Could not be 4 Homicide detarmined	— At home, farm,	ne, farm, street, factory, offica 28f. LOCATION (Street and Number or Ru City or Town, State)					per or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the beat of my know								a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER KL: M. Win, M.D	(Resident			29	c. LICENSE NUI	MBER	29d. D/		(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO CO	SAH . N	LCU		900 C	aton A	venue, B	a lti mo	re, l	Md. 21229
	JUL 727 1990 guha	Day House walks sign	ATURE							

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petro	COM	A 3
exec	n and	mati
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uth ce	tendin	010
e death ce	the attendin	ijury, or o
hat the death ce	by the attendin	ny injury, or o
res that the death ce	igned by the attendin	rs any injury, or o
requires that the death ce	een signed by the attendin	shows any injury, or o
law requires that the death ce	has been signed by the attending	23 shows any injury, or o
4: The law requires that the death ce	cate has been signed by the attendin	item 23 shows any injury, or o
ICIAN: The law requires that the death ce	sertificate has been signed by the attending	or item 23 shows any injury, or o
PHYSICIAN: The law requires that the death ce	this certificate has been signed by the attending	with the state below. Or health and mental hydricked, or litem 23 shows any injury, or o
JING PHYSICIAN: The law requires that the death ce	After this certificate has been signed by the attendin	geath with the State Dept. Of health and wenter by
TENDING PHYSICIAN: The law requires that the death ce	TOR: After this certificate has been signed by the attending	arier ocean with the State Debt. Of regain and wenter nyy 28 is marked, or item 23 shows any injury, or o
OR ATTENDING PHYSICIAN: The law requires that the death ce	JIRECTOR: After this certificate has been signed by the attending	ours are cearn with the state belot. Or neath and wentar nyy tem 28 is marked, or litem 23 shows any injury, or o
ITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	AAL DIRECTOR: After this certificate has been signed by the attending	It flem 28 is marked, or item 23 shows any injury, or o
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	UNERAL DIRECTOR: After this certificate has been signed by the attending	WIRTH I'L HOURS after ceant with the State Debt. Or realth and wenter by. ANT: If item 28 is marked, or item 23 shows any injury, or o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	be filed within 72 hours are cear with the State belt. Or regul and mental hydron prior of burner, command, or remove. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	- REGISTRAR	CE	RTIF	ICATE	OF	DEAT	H	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) William Carrol	.1						2. DATE OF I	24 DA	1990	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER -203-03-1392 1 ☑ M 2	6. AGE (In yrs. last	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, per March	519	10	6. BIRTH Countr	PLACE (State or Foreign PA
E G	9a. FACILITY NAME (If not Institution, give street and num 1137 Hewitt Way	ber)		9b. CITY	, TOWN C	Balt				9c. COU	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY Md e		10c. CIT	y, town o	R LOCAT							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1137 Hewitt Way				101	ZIP COOE 2]	L205			10g. CIT	USA	WHAT COUNTRY?
BY FUN	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. AR 8? 1 YES 2 X GIVE WAR OR OATES			If yea, sp		n, Mexicar	IIC ORIGIN? (S n, Puerto Ricar :		or No-	14. RACE Black Speci	E — American Indian, k, Whita, etc. ////////////////////////////////////
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	(Gi	Do NOT us	work done se retired.)	during mo	ON at of workin	g	16b. KIN	D OF BUS	INESS/IN	DUSTRY	777.2.00
E COM	9th 17. FATHER'S NAME (First, Middle, Lest) John F. Carroll		Si	nipp	ing			ME (First, Middle ie Ca		Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Marilyn Golden	198						ltimor				21221
	20a, METHOO OF DISPOSITION 1 & Burial 2 Cremation 3 Removal from St	20b. PLACE other ple	OF DISPOS	SITION (Ne	ame of cer	netery, crem	eatory or		20c. LO	CATION —	City or To	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	P	arkw Un.	22.	NAME A	ID ADDRES				Altir 300M		Md. ve. 21221
	23. PART I. Enter the diseases, of complication											Approximate interval Between
									Onset and Death			
ATION	Sequentielty list conditions, if sny, leeding to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST											
DICAL	PART II. Other eignificent conditione contribu	resulting in the underlying cause given in				n Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO		248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: ME												i les 2 la No
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	AL:		OTHE		ACE OF D	EATH (Ch	eck only one)				
HYS		ATE OF INJURY	28b. TIN	4 🗆 Nu	rsing Hon	URY AT	aldence	6 Other (S)		NJURY OC	CURED	
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	IN.	JURY M		YES 2	ON [
		ome, farm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be medical Examiner: On the be					-						s) end manner sa stated,
BE	29b. SIGNATURE AND XITUE OF CERTIFIER		29c. LICENSE NU 10185 EM 27) (Typa, Print) EAStern Blva			ENSE NUI	IUMBER 29d. DATE SIGNE			TE SIGNED	(Month, Day, Year)	
5	30. NAME AND AGORESS OF PERSON WHO COMPLETS Sheldon Milny	ED CAUSE OF DEATH (ITE	M 27) (Type	a, Print)	eni	B	Iva	do	210	221	1	
	31. DULFILE (17 1990") Julia Dal	GISTRAR TO GNATURE										

Pasas ·

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIE				
1. OECEOENT'S NAME (First, Middle, La	st)		7.3		2. DATE OF OEATH		3. TIME OF DEATH		
ANNA EDITH	IC	HAIRS			JULY 24,	1990	8:30 P.M		
4. SOCIAL SECURITY NUMBER			FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH		HRTHPLACE (State or Foreign country)		
213-74-3810	1 🗆 M 2 💢 F	89 YRS.			MARCH 13		the same of the sa		
9e. FACILITY NAME (If not institution, git KESWICK NURSING RESIDENCE OF DECEDENT 10e. STATE 10b. COU MARYLAND ANN	HOME	A and a		ORE CITY		9c. COUNTY			
10a. STATE 10b. COU	NTY	10c. CITY, 1	TOWN OR LOCAT	ION .			10d. INSIDE CITY LIMITS?		
	NE ARUNDEL	(MC		EL) PAS	SADENA		1 YES 2 NO		
10e. STREET AND NUMBER MOUNTAIN ROAD 11. MARITAL STATUS 1 Never Married 2 Married		4.	101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
MOUNTAIN ROAD		5-4-A"		21122			II.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify an, Puarto Rican, atc.) ly:		RACE — American Indian, Black, Whita, atc. Specify: WHITE		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Last)	DUCATION rade completed)	16a. DECEDENT'S US (Give kind of work	SUAL OCCUPATION	N st of working	15b. KIND OF	BUSINESS/INDUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	, life. Do NOT use r	etired.)	or or working	1				
12	NONE	HOMEMA	AKER	-		HOME			
					AME (First, Middle, Maid				
19e, INFORMANT'S NAME (Type/Print)	5 4 5				ELLEN LO				
MISS E. DRUSILLA	CHATRS	7.5			ALTIMORE,	The second second			
20a. METHOD OF DISPOSITION		b. PLACE OF DISPOSITI				LOCATION — City			
1 Description 5 Country Office (Specify)	lamoval from Stata	other place) T. CARMEL				-	MARYLAND		
21. SIGNATURE OF JUNERAL SERVICE		II. CARTEL		O AOORESS OF F		nondenn,	TAKTLAND		
* HAMAI	0 11,10	~/					ERAL HOME		
7-WHY	O Vines						E, MD. 21061		
23. PART I. Enter the diseases, shock, or heart fellu	re. List only one cause on e		enter the mo	de of dying, suc	on as cardled or re	epiratory srreat,	interval Between		
IMMEDIATE CAUSE (Finel disease or condition	and la		0	, ,			Onset end Deati		
resulting in death)	a. COCCUPE	Myocard	My DI	fact	n		hours		
	oue to con as. Arterio	aclas des (60000	ada	Λ				
Sequentielly list conditions,	DUE TO (OR AS	A CONSEQUENCE OF):	sor ce pecc) code	num		year		
cause, Enter UNDERLYING									
thet initieted events	CAUSE (Disease or Injury CAUSE)								
resulting in deeth) LAST	d								
	tions contributing to death	out not resulting in	the underlyin	ceuse given in	Part I. 24a WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
		at the recent of the	and amadinyin	g could given in	PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					1 □ YES	2 <u>-</u> H0	OF DEATH?		
			F		_		1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 AO 27. MANNER OP DEATH			26. P	ACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL:		THER:		6 Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF INJURY	25b, TIME	OF 28c, IN.	URY AT	28d. DESCRIBE HO	W INJURY OCCURE	ED		
1/ Natural 5 Pending	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES								
	28e, PLACE OF INJUR	261. LOCATION (Str		Rural Route Number,					
4 Homicide detarmine		nong)			City or Town, St	ace)			
29a. CERTIFIER 1 CERTIFYING PI	HYSICIAN: To the best of my know	viedge, death occurred	at the time, date	and place, and du	a to the cause(a) and	manner as stated.			
(OHOON OH)	WINER: On the basis of axemination						use(s) and menner as stated.		
	FIER			29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)		
De, 0. 1	Ohm			D129		D 7/	24/01		
30. NAME AND ADDRESS OF PERSON		EATH (ITEM 27) (Type, P	rint)		*	1//	-1170		
Philip No	MOORE. 3	925 BE	RCH	AVE	Balt	Md 2	1211		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE			0 111 40		·		
LUL 2 7 1990 s	Fishia Davidson-Ran	della							

DIVISION OF VITAL RECORDS, T.C. BOX 13149,	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPARTI			NENTAL HYGIEN REG. NO.	E	
	DECEDENT'S NAME (First, Middle, Las WILTON		CO	X	2. DATE OF DEATH 7 DAY 25 / 9 WAR JULY 25 1990			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	RTHPLACE (State or Foreign
	247-01-9720	1 M 2 F	71 YRS.	DAYS	R LOCATION OF DE	May 28, 1		uth Carolina
DIRECTOR	CHURCH HOSPIT	AL CORPORA			MORE CI			ORE CITY
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c, CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
<u> </u>	MD. Ann	ne Arundel		n Burn				LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	ie Ardider			ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
	810 Barkwood H	Road			21061		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 [X] YES IF YES, GIVE WAR OR	2 NO	If yes, sp	ENDENT OF HISPAN	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No- 14. F	ACE — American Indian, Black, Whits, etc. Specify: White
	15, OECEDENT'S E	DUCATION	16a. OECEOENT'S US	BUAL OCCUPATION	N	16b, KIND OF BU	SINESS/INDUSTR	
E	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mo retired.)	st of working			
COMPLETED	12th	None	Maintenan	ce Elec	trician	Baltimo	re Gas	& Electric
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
BE	Everett	Mills	Cox		Bessie	Pea	r1	Glenn
2	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	OORESS (Street a	nd Number or Rural R	loute Number, City or Tow	n, State, Zip Code)
-	Frances C. Cox			as 10				
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	amovel from Stats	other place) Maryland \				CATION — City of	e. Maryland
	21, SIGNATURE OF FUNERAL SERVICE			22. NAME AI SINGLE	TON FUNE			
	immediate Cause (Fine) disease or condition resulting in death)	a. Due to (on as		ONAR		REST		Interval Between Onset end Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	· URINI	A CONSEQUENCE OF): A RY A CONSEQUENCE OF): G A S T R	URIN	ARY TRA	CT INFEC		EDING
PHYSICIAN: MEDICAL C	PART II. Other significent condit CEREBRO DEMENT	CEREBRO	VASQULA	the underlyin	g cause given in IDENT	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	ock only one)		
Sic	1 TYES 2 THO	HOSPITAL:	itpatient 3 DOA	OTHER: Nursing Hon	e 5 🗆 Residenca	6 Other (Specify)		
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b, TIME	OF 26c. IN.	URY AT	28d, OEŞCRIBE HOW	INJURY OCCURE	D
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not	RY — At home, farm, str	M 1 YES 2 NO		281. LOCATION (Street and Number or Rural Route Number,			
	4 Homicide detarmined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, State	,	
COMPLETED	(Check only	IYSICIAN: To the best of my know						use(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTI	FIER COLLEGE	e M	7	29c. LICENSE NUI	ABER	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON SAVINDER	WHO COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type, P	onni)	CHURCH I	HOSPITAL	TIMO	RE MD21222
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG						

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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-wurs after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be find within 72 hours after death with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked or item 23 shows any Injury, or other traumatic event, the medical examiner mus
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMEN CERTIFICAT			NTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lat	10)	d		2.	MONTH TO DESTR	1990 VEAR	3. TIME OF DEATH		
	MER CLEMENTS	, SR.			7 25	70	1:35 -		
4. SOCIAL SECURITY NUMBER 579 30 4252	1 X M 2 1 6	3 YRS. MONTHS	DAYS HO	7	6-27-2	Country) MA	RYLAND		
	CLITY NAME (If not institution, give, street and number). Son F Lord Chronic Hospi DENCE OF DECEDENT.			ocation of death		Baltimore City			
106. STATE MARYLAND ANN	. STATE 10b. COUNTY			E		IOd. INSIDE CITAL LIMITS? I YES 2 NO			
401 B. HIDEAWAY 1. Marrital Status	LOOP		101. ZIP	21061	1	U.S.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES IF YES, GIVE WAR OR DATE	S. ARMED 13 2 NO		Cuban, Mexican, P	ORIGIN? (Specify Yea or luerto Rican, etc.)	No → 14. RACE Black, Specify	- American Indian, White, etc. : : WHITE		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	Ga. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. AERONAUT	e during most of)		LOCKHER				
12 17. FATHER'S NAME (First, Middle, Last)	4 YRS.	112110111101			(First, Middle, Malden Su				
			16	BERTIE	HAYLS				
19a INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	SS (Street and A	lumber or Rural Rout	le Number, City or Town,				
2 KAREN SCHAFFER		904 OAK			- all wrong	21144			
20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State GL	LACE OF DISPOSITION (PINCE DISCO)	Name of cameter EMORIA	L PK .	RTHCA LOCK	CUL PT / WE	BURNIE, MD.		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		SINGLE		TY CRAL HOME .W. GLEN BI	IRNTE MD	Meli		
23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause on each	h line.	ar tha moda	of dying, such a	s cardiec or respire	tory errest,	Approximata Interval Between Onset end Death		
Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	Sequentielly list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events								
PART II. Other eignificant conditions of the con	heostomy, ucho cepho	Seizur Seizur Clus, M	S (utrita ne)	PERFORMI	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTAL	ER:	E OF OEATH (Check					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Tripatient 2 ER/Outpati	ent 3 U DOA TO N	28c. INJURY		Bd. DESCRIBE HOW INJ				
Natural 5 Pending 2 Accident Investigati	7-13-1990	1:51PM M	1 YES	2 XXVIII			om smoking		
	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								
(Crieck only	TYSICIAN: To the best of my knowled						and menner as stated.		
29b. SIGNATURE AND TITLE OF CERT	STATE OF THE PROPERTY OF THE P	DP S.AS	THATA	D 38	885	Pad. DATE SIGNED	Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON LOCAL ZOLOS	WHO COMPLETED CAUSE OF OEAT	M FL	10	Stern	Aur .	Broth	MD		
31. DATS FILED (Mogth, Dey, Year)	32. REGISTRAR'S SIGNAT	URE	1, 4-	400	.,,,,	10	1 1 1 1		

Julia Baindson-Randeste

DHMH-18 Rev 1/89

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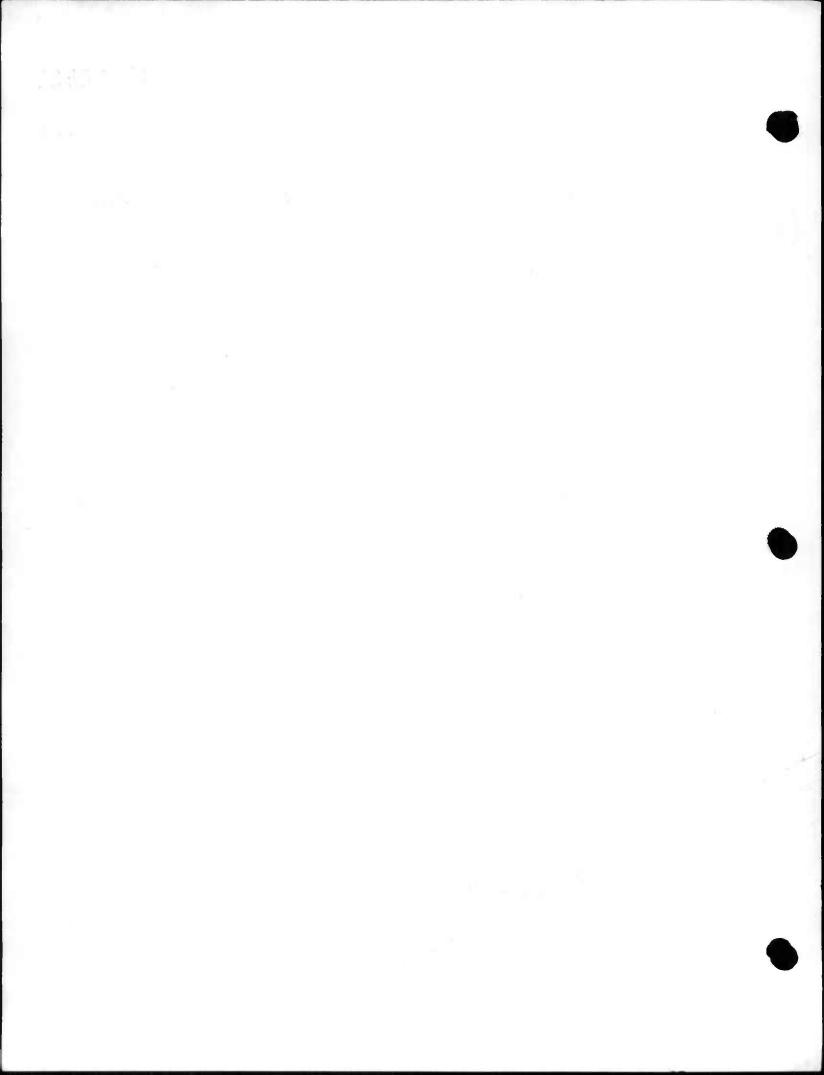
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TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any the funeral director, page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tranched minimal points within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	death. Page 6 may be retained by the hospital or attending physician is funeral director, page 5 should be detached for use as the burial-tra examiner must be notified at once.
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFIC	ATE OF DE	AIH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	Drouse	EVA DRO	DUSE	MOI	TE OF DEATH DAY	3. TIME OF DEATH		
	The state of the s	5. SEX 8. AGE (II	n yrs. iest birthday) IF	UNDER 1 YEAR IF U	IDER 24 HRS. 7. DAT	E OF BIRTH	8. BIRTHPLACE (State or Foreign Country)		
	217-03-2556	1 M 2 X F	79 YRS.		1 –	11-11	NEW YORK		
ron	98. FACILITY NAME (II not institution, give street ST, DSEPH RESIDENCE OF DECEDENT	1005 pita L TOWSON PACTIM							
<u>입</u>	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY		
DIRECTOR	MARYLAND		BALT	IMORE		1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5425 SPRING LAKE	E WAY		10f. ZIP (CODE	-	10g. CITIZEN OF WNAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDED If yea, specify (uben, Mexican, Puer	GIN? (Specify Yee or No— to Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE		
TED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of w		6b. KIND OF BUSINESS/IF	IDUSTRY		
COMPLETED	Elementary/Secondary (0-12) 3 YEARS	College (1-4 or 5+)	HOMEMAK	*					
S	17. FATHER'S NAME (First, Middle, Last)					t, Middle, Maiden Surname)			
BE	FRANK CUDNIK			E	LIZABET	H MICHALE	.K		
10	19a. INFORMANT'S NAME (Type/Print)					umber, City or Town, State, 2			
F	MRS. ELIZABETH [DOUGHERTY	5425 SF	PRING LA	KE WAY	BALTIMORE	, MARYLAND		
	20a, METHOD OF DISPOSITION 1 💢 Burlai 2 🗆 Cremetion 3 🗆 Remov		other place) STANIS	ON (Name of cemetery,	cremetory or	BALTO.	City or Town, State		
	4 Donation 5 Other (Specify)	NGEE D I	· STANIS						
	> SIGNATURE OF FOREMAL SERVICE LICES	NOCE				NERAL HOM	MORE, MD. 2122		
	23. PART I. Enter the diseases, or co						rrest, Approximate		
	shock, or heart fallure. Li IMMEDIATE CAUSE (Final				,		Interval Between Onset and Death		
	disease or condition regulting in death)	Ischem.	r (gr	d. omy	opathy	1	Imonth		
		nend Fz	CONSEQUENCE OF):	,			Umanh		
CERTIFICATION	Sequentially list conditions, b.		CONSEQUENCE OF):				1,010,119		
Ä	If any, leading to immediate cause. Enter UNDERLYING	severel	Frem: 2				Imonty		
E	CAUSE (Diseese or Injury that initiated events		CONSEQUENCE OF):				/		
	resulting in death) LAST	Kespiral	1121 /121	sre			Imorh		
	PART II. Other significant conditions	contributing to death h	ut not resulting in	the underlying car	se given in Part i	. 24e. WAS AN AUTOPS	Y 24b, WERE AUTOPSY FINDINGS		
EDICAL	7AIT II. Ottor agricult dollars.	Contributing to qualify	at not resuming in	and directlying out	ac given in run.	PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE		
ă						1 TYES 2 NO	OF DEATH?		
Σ							1 TYES 2 TO NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Check only	y one)			
S	EXAMINER?	HOSPITAL:		THER:					
17.5	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C	F 28c, INJURY		DESCRIBE HOW INJURY	OCCURED		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR						
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY		et, factory, office	281. 1	LOCATION (Street and Numi City or Town, State)	ber or Rural Route Number,		
TEC	4 Homicide determined	building, etc. (Spec	спу)			Jity or lown, Stelle)			
LE	290. CERTIFIER	IAN: To the best of my know	riedge, death occurred	at the time, date end	place, end due to the	cause(e) end menner as s	stated.		
COMPLETED	CONSCR ONLY						the ceuse(e) end menner ee stated.		
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER	0011	4 . 4	290	LICENSE NUMBER	29d. D	ATE SIGNED (Month, Day, Year)		
8	Vaymond H	Thach 14	140	1	3231	9	7/25/90		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		ms 217	b4 r	Raymond t	+ Plack To		
	31. DATE FILED (Months Defrates)	33. REGISTRAR'S SIGN		I VJ CL		reymond 1	LI Iack JK		
	10 2 1990	gulia Davidson	Randello .						



BALTIMORE, MARYLAND 21203-3	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within explorers after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
BALT	nours after death.	lled in by the funera 1, or removal.	e medical examin
(13146,	executed within a	in and completely fi to burial, cremation	umatic event, th
, P.O. BOX	death certificate by	ental Hygiene prior	iry, or other tra-
RECORDS	w requires that the	been signed by the	shows any inju
OF VITAL	PHYSICIAN: The lan	this certificate has with the State Dep	ked, or item 23
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR ATTENDING F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t item 28 is mar
	TO THE HOSPITA	TO THE FUNERA De filed within 72	IMPORTANT: I

FOR STATE REGISTRAR	STATE 0	F MARYLAND	CERTIFIC	CATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, LI Elizabeth	S.	Enge	/			2. DATE MONTH	OF DEATH D		EAR	3. TIME OF DEATH 3:50 A	
4. SOCIAL SECURITY NUMBER 219-42-216		0	2 YRS. W	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	Disk Year)		Country)	LACE (State or Foreign	
D 1:1:1					or Location of Death oc. Country of Death Bactimore						
Maryland B	unty altimore		10c. CITY,	TOWN OR LOCAT	s Mills					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10729 Park Heights Ave.				101	10f. ZIP CODE 21117				10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	IARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yer If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					American Indian, White, etc.	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4		Give kind of wor	SUAL OCCUPATION OF COMPACT IN COM	ON as of working	16b.	KIND OF BU	SINESS/INDUS	TRY		
12 Years	5+		Teach	er			Balti	more C	ity	Schools	
17. FATHER'S NAME (First, Middle, Last,	•				16. MOTHER'S N						
William I. Sa	wyer				Lil	llie	Mae	MacAbe	е		
19e. INFORMANT'S NAME (Type/Print)					and Number or Rural				ide)		
John A. Engel					ne, Tows			1204			
20e. METHOD OF DISPOSITION 1	-	20b. PLA othe	or place)	stern C	metery, cremetory or emetery			Baltin	ore	, Md.	
21. SIGNATURE OF FUNERAL SERVIC	E) ICENSES					400 CTM					
23. PARTY: Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Finel	Burnside or complications	, Jr. C		65	NP ADDRESS OF F CCNEII-V 00 York ods of dying, su	Rd.	Balti	more,	Md.	21212 Approximate Interval Between	
23. PART 4: Enter the diseases, shock, or heart falls	Burnside or complications ure. List only ons a	s that caused the cause Dn sach	NSEQUENCE OF):	65 ot enter the mo	00 York	Rd.	Balti	more,	Md.	21212 Approximate Interval Between	
23. PARTY: Enter the disease, shock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Burnside or complications ure. List only ons a. An Du b. CH Du d.	s that caused the scuse on sach RHYTHMI VE TO (OR AS A CON SCVD JE TO (OR AS A CON IE TO (OR AS A CON III TO	INSECUENCE OF):	65 ot enter the mo	00 York da of dying, au	Rd.	Balti	MONE, Iratory arread	Md.	21212 Approximate Interval Betwoonset and De	
23. PART4: Enter the disease, shock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Burnside or complications ure. List only ons a. And Du b. CH Du c. Du d	s that caused the scuse on sach ELYTHMAN JE TO (OR AS A CON E TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON TO (OR AS A CON	INSEQUENCE OF):	t entar the mo	00 York da of dying, au	Rd . ch ea card	Balti Nec or reap	MONE, Iratory arread	Md.	Approximate Interval Between Onset and De On	
23. PART 4: Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conductions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	Burnside or complications ure. List only ons a. And Du b. CH C. Du d. Du d. HOSPITAI 1 Inpetions	s that caused the scause Dn sach RHYTHMAN JE TO (OR AS A CON JE TO (OR AS A CON ME TO (OR AS A CON ME TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON LE TO (OR AS A CON	NSEQUENCE OF):	t entar the mo	ode of dying, au-	n Part i.	Balti flec or reap 24a. WAS AN PERFO 1 U YES:	MONE, Iratory arread	Md.	21212 Approximate Interval Betwo Onset and De Onset and D	
23. PART I: Enter the diseases, shock, or heart fall immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	Burnside or complications ure. List only ons a. And Du d. Du d. Du d. HOSPITAL 1 Inpetion	s that caused the scause Dn sach RHYTHMAN JE TO (OR AS A CON JE TO (OR AS A CON JE TO (OR AS A CON Mg to death but n	NSEQUENCE OF):	the underlying the un	g cause given in	n Part i.	Balti flec or reap 24a. WAS AN PERFO 1 U YES:	MONE, Iratory arread	Md.	21212 Approximate Interval Betwo Onset and De Onset and D	
23. PART H: Enter the diseases, shock, or heart failt iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending	BUTNSICE or complications ure. List only ons a. And DU c. DU d. DU d. HOSPITAI 1 Inpetient 1 28e. DA (Mo	s that caused the scause Dn sach ELYTHMAN JE TO (OR AS A CON E TO (OR AS A CON IE	NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): Ot resulting in 13 □ DOA 1206. Time in.Ju	the underlying the underlying the underlying the underlying to the underlying the	g cause given in	n Part I.	Balti Nec or reap 24a. WAS AN PERFO! 1 YES ::	I AUTOPSY RIMED? 2 NO INJURY OCCUP and Number or	24b.	21212 Approximate Interval Betwood Onset and De Onset and	
23. PART 4: Enter the diseases, shock, or heart failt iMMEDIATE CAUSE (Finel disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 2 Accident 3 Suicide 8 Could no determine 2 Suicide 8 Could no determine 2 CERTIFIER (Check only) 1 CERTIFYING P	BUINSICE or complications ure. List only ons a. And DU c. DU d. DU d. HOSPITAL 1 Inpetion the builded PHYSICIAN: To the builded	s that caused the scause Dn sach RHYTHM. JE TO (OR AS A CON JE	NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	the underlyin the underlyin the underlyin the underlyin 26. P WWY M 1 □ reet, factory, offlict d at the time, det	g cause given in LACE OF OEATH (Come 5 Reeldence JURY AT ORK? YES 2 NO	n Part i.	24a. WAS AN PERFOIL 1 YES : 1 YES : 1 SCRIBE HOW ATION (Street or Town, State)	INJURY OCCUI	Md	21212 Approximate Interval Betwo Onset and De Onset and D	
23. PART 4: Enter the diseases, shock, or heart failt iMMEDIATE CAUSE (Finel disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 2 Accident 3 Suicide 8 Could no determine 2 Suicide 8 Could no determine 2 CERTIFIER (Check only) 1 CERTIFYING P	BUTNSICE or complications ure. List only ons a	s that caused the scause Dn sach RHYTHM. JE TO (OR AS A CON JE	NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	the underlyin the underlyin the underlyin the underlyin 26. P WWY M 1 □ reet, factory, offlict d at the time, det	g cause given in LACE OF OEATH (Come 5 Reeldence JURY AT ORK? YES 2 NO	n Part I.	24a. WAS AN PERFOIL 1 YES : 1 YES : 1 SCRIBE HOW ATION (Street or Town, State)	INJURY OCCUI	Mid	Approximate Interval Betwo Onset and De Onse	
23. PART H: Enter the diseases, shock, or heart failt immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERREO TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigate Accident 3 Sulcide 8 Could no determine Check only one) 2 MEDICAL EXAMINER?	BUTNSICE or complications ure. List only ons a	s that caused the scause Dn sach RHYTHM. JE TO (OR AS A CON JE	NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	the underlyin the underlyin the underlyin the underlyin 26. P WWY M 1 □ reet, factory, offlict d at the time, det	OO York Ida of dying, audition	n Part I.	24a. WAS AN PERFOIL 1 YES : 1 YES : 1 SCRIBE HOW ATION (Street or Town, State)	INJURY OCCUI	Mid	Approximate Interval Betwee Onset and De Ons	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any activity and statement of the first manufactures. The form of the funeral funeral fundamental fundamental forms after death with the State Dent of Health and Mental Honline Driver to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E	0 20436	
	1. DECEDENT'S NAME (First, Middle, Last) LOUIS FRISBY	(LOUIS		ISBY)		2. DATE OF DEATH	90 YEAR	3. TIME OF DEATH	
	040 00 0040	5. SEX 8. AGE (#	yrs. lest birthday) _ 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Mogrib, Day, 1641)	3 3 8. BIR	ITHPLACE (State or Foreign intry) M.D.	
~	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
TOF	3640 ELLERSLE								
DIRECTOR	10e. STATE 10b. COUNTY			TIMORE				10d. INSIDE CITY LIMITS? 1\\YES 2 \ NO	
	10e. STREET AND NUMBER		I DAI		ZIP CODE			F WHAT COUNTRY?	
NEH.		IE AVE.	110 +01450	140 1110 050	21218		U.S	ACE — American Indian,	
BY FUNERAL	1 Never Merried 2 XX Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	II yes, sp		IC ORIGIN? (Specify Yee n, Puerlo Ricen, etc.)	81	BLACK	
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	ompleted)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during mo	ON at of working	16b. KIND OF BUS	SINESS/INDUSTRY	′	
PLE	Elementary/Secondery (0-12) 12th	College (1-4 or 5+)	No. Do Not us	romou.		BETHLE	EHAM S	STEEL	
COM	17. FATHER'S NAME (First, Middle, Last)				7	ME (First, Middle, Malden			
BE	RICHARD FRISB'	Υ	195 MAILING	ADDBESS /Street a		Oute Number, City or Tow	n State 7in Cortei		
2		ISBY	3640					MD. 21218	
	20s. METHOO OF DISPOSITION X ◯ Buriel 2 □ Cremation 3 □ Remov	al from State C	PLACE OF DISPOS	ITION (Name of cer	netery, cremetory or		CATION - City or	Town, State	
	4 Donellon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!		AKKISUI		ND ADDRESS OF FA		11103, 1	11 L L 3	
	- Consa C	oul						NORTH AVE.	
	23. PART I. Enter the disessea, or co shock, or heart failure. Li			ot enter the mo	de of dying, suc	h aa cardlac or resp	iratory srrest,	Approximate Interval Batween Onset and Daath	
	IMMEDIATE CAUSE (Final disease or condition resulting in daath)	Cardio	CONSEQUENCE OF	2000	ry A	rrest	,		
NO	Sequantially list conditions, 6.	OUE TO (OR AS A DUE TO (OR AS A	tat.	c Pu	Imor	ary A	ance	1	
CATI	cause. Enter UNDERLYING	50E 10 (011 AD A	OSTOLOGICAL OF	,-		•			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
	d.								
CAL	PART II. Other significant conditions	contributing to death be	ut not resulting	n the underlyin	g cause given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICA								OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL			20 0	LACE OF GEATH (Ch	ant only and			
PHYSICIAN:	EXAMINER?	HOSPITAL:	atient 3 DOA	OTHER:	1	6 Other (Specify)			
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIM	URY	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, offic	00	261, LOCATION (Street City or Town, State		ral Route Number,	
COMPLETED	CONSTRUCTION OF THE PROPERTY O						to the cause(e) end menner ee stated. Ilme, date end place, and due to the cause(e) and manner as stated.		
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	// 17	.D.		29c. LICENSE NU	MBER V V L		NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO			-				-0 10	
	31. DATE FILED (Mornth, Day, Year)	32. REGISTRAR'S SIGN	ATURE	Duit	c 300	Balt	., 17	9 51501	
	JUL 27 1990 A	Ma Davidson B	ndelle						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune the find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
that	ed by	any
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT ICATE				MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Stuart F.	Coetzke		ñ					2. DATE OF DEATH **TULY 26** 1990**			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 07 4590	5. SEX	t birthday) YRS.	IF UNDER 1	DAYS	04			1910 8. BIRTHPLACE (State or Foreign			
OR	9e. FACILITY NAME (If not institution, give street and number) 1600 Holly Tree Rd.						R LOCATI	ON OF OE	ATH		NTY OF DE	more Co.
DIRECTOR	nesidence of decedent 10a, STATE 10b, COUNTY Maryland					TY, TOWN OR LOCATION Niddle River						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL (100. STREET AND NUMBER 1600 Holly T					-	. ZIP COD			10g. CIT	ZEN OF W	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2 X	MED	H	yes, sp	ecity Cubi		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No	14. RACE Black Specif	- American Indian, White etc. y: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of Do NOT u	work done done done done done done done done	luring mo	st of worki	ng	16b, KIND OF BUS	oyard		
BE CON	17. FATHER'S NAME (First, Middle, Last) Louis F. Goe	tzke							ME (First, Middle, Meiden e Christh			
TO B	190. INFORMANT'S NAME (Type/Print) Edna Goetzke, Wi	fe	191							vn, State, Zip Code) Md. 21220		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		20b. PLACE		a Cem	ete	гу		Ba	ltim		wn, State O. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	~ inte	2					uneral Horaran Ave.			Md. 21221
	23. PART (. Erfer the diseases, or c shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau		0.	Ca	the mo		. 1	heart	1 . 1		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								-			
CERTI	thet initiated events resulting in death) LAST	d										_
PHYSICIAN: MEDICAL	PART II. Other eignificant condition	s contributing to	death but not i	resulting	in the un	derlyin	g cause	given in	Part I. 24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EBDstudied 1	CI DOA	OTHER	1 :	1		8 Other (Specify)			
	27. MAINER OF DEATH 1 Natural 5 Pending	26s. DATE OF (Month, C	INJUNY	28b, TI	-	28c. IN.	JURY AT DRK? YES 2		28d. DESCRIBE HOW	INJURY OCCURED		
TED BY	3 Suicide 6 Could not be 4 Homicide determined	2 Accident 3 Suicide 6 Could not be building set (Descrip) 28. FLACE OF INJURY — At home, farm, street, factory, office (City or Town, State)								Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYBI	~ / /							to the cause(e) end ma			i) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Sew	muu	λ			20c. LIC	ENSE NUM	ABER	29d. DA	7 - 2	7-90
2	30. NAME AND ADDRESS OF PERSON IN	CEZ-N	BE OF DEATH OTE	M 275 Y 150	5-40	0	old	97	URT ROM	ED.	Bali	10 MQ2113 3

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
s after death. Page	by the funeral dire	етола!.	dicai examiner n
ited within 24 hour	completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notifie
certificate be execu	ding physician and	Aygiene prior to bur	r other traumatic
ires that the death	signed by the atten-	leafth and Mental H	ws any injury, or
IAN: The law requ	tificate has been	e State Dept. of h	or Item 23 show
TENDING PHYSIC	TOR: After this cer	offer death with th	28 is marked, o
E HOSPITAL OR AT	E FUNERAL DIRECT	d within 72 hours a	RTANT: If item 2
H OF	E H	be file	IMPO

1 - STATE REGISTRAR	STATE OF MA			TE OF			REG. NO.			
1. DECEDENT'S NAME (First, Mic		-					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH	
Ronald	T. Hull		-				July 23,		10:32 a.	
4. SOCIAL SECURITY NUMBER 215-01-0740		AGE (In plast birt	rtS. MONT	HS DAYS	HOURS	MIN.	7. DATE ((Month, 12-29-08	8. BIRT	rhPLACE (State or Foreign trity) Virginia	
3515 Wilker	9a. FACILITY NAME (If not institution, give street and number) 3515 Wilkens Avenue 9b. CITY, TOWN OR LOCATION OF Baltimore Cit							9c. COUNTY OF	DEATH	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LO.								404 INDIDE OUTV	
Maryland		Baltimore City						10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO		
	3515 Wilkens Avenue				212				EN OF WHAT COUNTRY? USA	
11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce	I IF YES, GIVE WAR	YES 2 NO		If yes, so		n, Mexicar	IC ORIGIN? (Specify Yes on, Puarto Rican, etc.)		CE — American indian, ck, White, atc. White	
	ent's EDUCATION pheat grade completed) College (1-4 or 5+)	16a, DECED (Give k Me. Do Cle	nd of work of NOT use retir	L OCCUPATION during model.)	ON at of worki	ng	16b KIND OF BUSH Hardwar Hardw		es	
17. FATHER'S NAME (First, Middle John Calvin						HER'S NAI Lanct	ME (First, Middle, Malden S 1e Dolby	urname)		
Myra E. Hu							Route Number, City or Town, altimore, M		29	
20a/METHOD OF DISPOSITION 1 b Burlal 2 Cremation 4 Donation 5 Other (Sp	3 Removal from State	20b. PLACE OF I						ation - City or	Town, State [aryland]	
21. SIGNATURE OF FUNERAL S				22, NAME A Howa	nd Adone	ss of FA	bard Funer	al Home	, INc.	
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	210	Sel NCE OF:	ene	fre	10	heart	lisa	×	
PART II. Other algorificent	d.	eeth but not resu	uiting in th	e underlyir	g cause	given in	Part I. 24a. WAS AN / PERFORM	MED?	4b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEXAMINER?	HOSPITAL:		0.7	26. P	LACE OF I	DEATH (Ch	eck only one)			
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per	1 Inpetient 2 E 28a. DATE DF IN (Month, Day,	JURY 2		Nursing Hot 28c. IN W	JURY AT		8 ☐ Other (Specify) 28d. DEŞCRIBE HOW IN	JURY OCCURED		
3 Suicide 8 Co	28e. PLACE OF building, at	INJURY — At home, c. (Specify)	M 1 YES 2 NO — At home, farm, street, factory, offica				281. LOCATION (Street and Number or Flural Flourie Number, City or Town, State)			
(Crieck only	ING PHYSICIAN: To the best of m						East No. 17 Person		e(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF	ERSON WHO COMPLETED CAUSE				29c. LIC	2/6	HBER 49	29d. DATE SIGN	ED (Month, Day, Year) 24—90	
Dr. Samband	an Baskaran;	3455 Wi	llkens	Aven	ue,	Sui	te 305; Bal	timore	Md. 21229	
JUL	27 1990 gula	Davidson-A	andresse	•						

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	ICE L. HI	HN		2. DATE OF DEATH DA	26 90	3. TIME OF DEATH	
		GE (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT Coun	HPLACE (State or Foreign	
5	90. FACILITY NAME (I not institution, give atreet and number) Good Samaritan Hospita	96	Baltum	one M	ATH	9c. COUNTY OF	DEATH	
	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION Baltimore					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
CINEDA	100. STREET AND NUMBER 1509 Greendall Rd, B	1509 Greendale Rd, Baltimore, MD 21218						
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Caban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify:			Bla Spe	CE — American Indian, ck, Whita, etc. chy: Thite		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) Collega (1-4 or 5 +) 1.2	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo tired.)	ON st of working	1000 400 000	niture		
	17. FATHER'S NAME (First, Middle, Lest) John Bernard Hihn 16. MOTHER'S NAME (First Mary)					Sumame) tes		
IO DE	19a. INFORMANT'S NAME (Type/Print) Miss Mary Janet Hihn	196. MAILING AD 1509 Gr	96. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Coo L509 Greendale Road Baltimore, Md.				21218	
	20a METHOD OF DISPOSITION 1 Display Burlel 2 Cremellon S Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITION PROCESSION PROCESSION PROCESSION PROCESSION PROCESSION PROCESSION PROCESSION PROCESSION PROCESSION PLACE OF DISPOSITION PROCESSION PLACE OF DISPOSITION PROCESSION PLACE OF DISPOSITION PROCESSION PLACE OF DISPOSITION PROCESSION PLACE OF DISPOSITION PROCESSION P	ark Ce	metery, cremetory or		cation - city or l ltimore,		
	21. SIGNATURE OF TUNETAL SERVICE LICENSEE C. Sherman Denny, Jr. 4 22. NAME (NO ADDRESS OF AGULT PELD HOME, INC. 6500 York Road Baltimore, Md.							
	23. PART I. Enter the diseasea, or complications that ceu ahock, or heart failure. List only one cause of iMMEDIATE CAUSE (Finel disease or condition resulting in death)	n each tine.	enter the mo	de of dying, euc	h ee cerdiec or reap	ratory arreat,	Approximate Interval Between Onset and Daeth 2 weeks	
	DUE TO (OR AS A CONSEQUENCE OF): Lanunona Calum DUE TO (OR AS A CONSEQUENCE OF): Lanunona Calum DUE TO (OR AS A CONSEQUENCE OF):							
	cause. Enter UNDERLYING CAUSE (Disease Dr Injury thet Initiated events resulting in deeth) LAST d							
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO							
		1 1 7ES 2 NO						
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. P	ACE OF DEATH (CA	eck only one)			
	1 YES 2 NO 1 Inputient 2 ER/	Outpatient 3 DOA 4	☐ Nursing Hon		8 Other (Specify)			
	1 Netural 5 Pending (Month, Day, Ye 2 Accident Investigation	ural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO						
COMPLETIED	8 Could not be building, etc. (URY — Al home, farm, stre (Specify)	el, factory, offic	•	28f. LOCATION (Street City or Town, State		I Route Number,	
Curr	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my k						e(a) and manner as stated.	
200	296. SIGNATURE AND TITLE OF CERTIFIER Lalit Dando	na, M.D.		29c. LICENSE NU AT 2438	MBER 1934-315	29d. DATE SIGNI	ED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF LATE TO DAN DONA, M.D., 31. DATE FILED (Mayring PROPE) 31. DATE FILED (Mayring PROPE)	FDEATH (ITEM 27) (Typo, Pr Good Saman	itan t	ospital	, Baltimon	c , Mb	21239	
	31. JU[1. 2. 17 1990 July Data 1880 1	GHOLINE		7	·			

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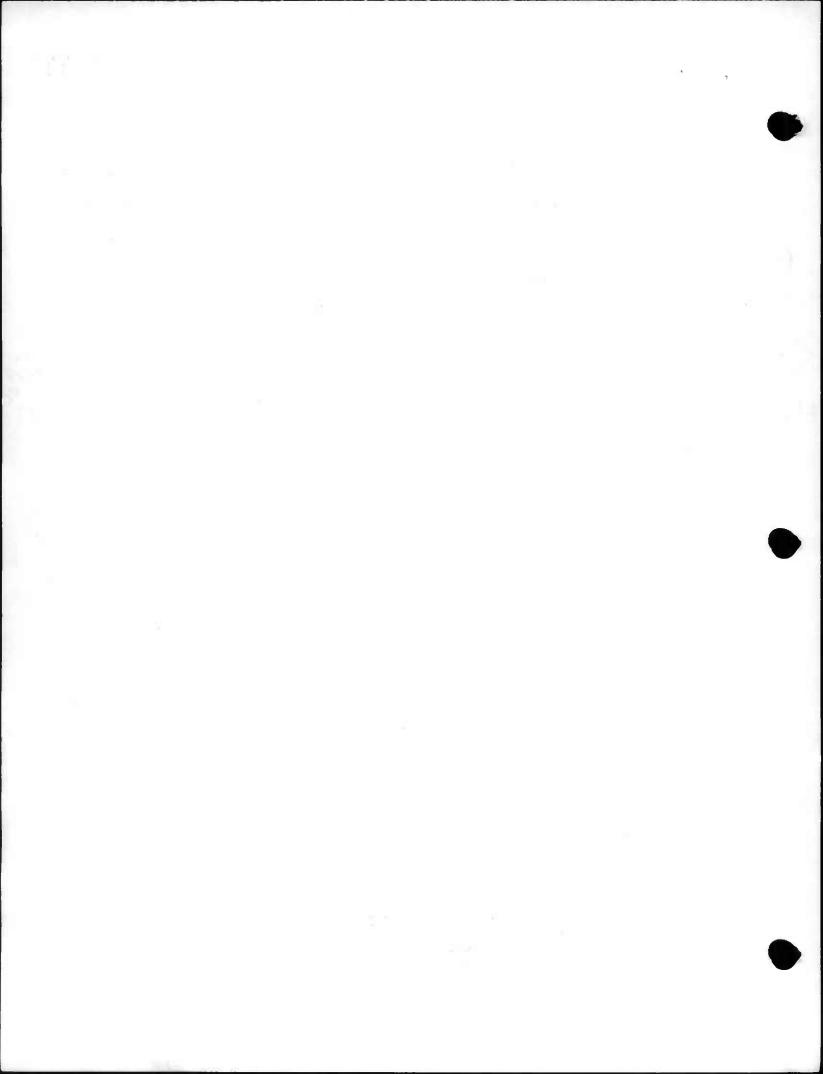
		FOR
1	-	STATE
		REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CERTIFIC	ATE OF DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE O			3. TIME OF DEATH			
	DORDA TARE HOLT		MONTH	V00 19	YEAR	1:30 "			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)	F UNDER t YEAR IF UNDER 24 HI	4 00	7 3 3 1	T a pupp	HPLACE (State or Foreign			
		ONTHS DAYS HOURS MI	N. (Month, I	Day, Year)	Count				
	00 00 00 0		JAO		11 16	TKYLADO			
	9a. FACILITY NAME (If not institution, give street and number)	b. CITY, TOWN OR LOCATION O	F DEATH	9c. CO	UNTY OF D	DEATH			
e l	FRANKLIN SQUARE HOSPITAL	KOSLOALS		136	THE	MORE			
5	RESIDENCE OF DECEDENT				-				
#		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?			
	MARYLAND	RKV. WZ				YES 2 NO			
AL	10e. STREET AND NUMBER	101. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?			
ER	7715 DADISTS AVI	212	45		17-3	S-A-			
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HI	SPANIC ORIGIN?	(Specify Yea or No-	14. RAC	E — American Indian,			
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yea, specify Cuban, Ma	axican, Puarto Ric pecify:	ean, atc.)	Spec	k, White, atc.			
BY	3 Widowed 4 Divorced	1				STIKE			
8	15. DECEDENT'S EDUCATION 16s. DECEDENT'S US	SUAL OCCUPATION	16b. F	IND OF BUSINESS/II	NDUSTRY				
ET	(Specify only highest grade completed) (Give kind of wor life. Do NOT use if life. Do	k done during most of working retired.)							
7	10 1/00	738137	6	signs	C	SRP.			
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		S NAME (First, Mic	ddle, Maiden Surname)		2777			
	RUDOLPH GRANTLLY LIWIS		301	TORGE					
BE		DDRESS (Street and Number or R							
2	FAMILY RECORDS	DDRESS (Street line Number of A	_	, City or lown, State, 2	up code)				
	A HILL I LECTIONS	11.12 H2 1-	BONS						
	17 Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata (other place)	ION (Name of cemetery, cremator)	y or	20c. LOCATION -	- City or To	own, State			
	4 Donetton 5 Other (Specify)			RATI	0.1	10-			
	21. SIGNATORE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF	F FACILITY	E MER	JOR	ا که آ			
	A Same A		RFORD	Roon -	Paak	Wills.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not			or respiratory	errest.	Approximate			
	shock, or haart fellure. List only one cause on each line.	. contact the mode of a jung,		ar or respiratory		Intarval Between			
	IMMEDIATE CAUSE (Finel disease or condition ELECTROLYTE DIST	100 100				Onset and Desthy			
	resulting in deeth) e					(0)			
	OUE TO (OR AS A CONSEQUENCE OF):								
O	Sequentially list conditions, DUE TO (OR AS A CONSPOLIENCE OF)								
ATI	If any, leeding to immediate								
2	CAUSE (Disesse or Injury								
Ē	that initiated events reculting in death) LAST VIRAL M TO CARD					8 MONTHS			
CERTIFICATION	d.								
L 0	PART II. Other aignificent conditions contributing to death but not resulting in	the underlying cause give	n in Part I.	24a. WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS			
DICAL				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Q				1 TYES 2 NO		OF DEATH?			
Σ			—— I			1 - YES 2 NO			
PHYSICIAN: ME									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEAT	H (Check only one))					
YSI		☐ Nursing Home 5 ☐ Raside	nce 8 🗆 Other	(Specify)					
H	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) INJUS	OF 28c, INJURY AT WORK?	26d. DE\$C	RIBE HOW INJURY	CCURED				
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO	0						
	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, str building, etc. (Specify)	eet, factory, office		FION (Street and Numi Town, State)	ber or Rural	Route Number,			
I	4 Homicida datermined		Oily or	iown, clarey					
COMPLETED	29a. CERTIFIER (Check ank) (Check ank) (Check ank)	at the time, data and place, and	d due to the caus	e(s) and manner as a	stated.				
M	(Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation,					(a) and manner as stated.			
8				2002					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSI		29d. D	ATE SIGNE	D (Month, Day, Year)			
10	Herard R. Wole Mil	0250	10		10 F	734 1990			
_	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, F		0		1.				
		35 HARFO	RO KO	AD-MA	RKY	341			
	31. DATE FILED MANUE, DOL. 1907) 32. REGISTRAR'S SIGNATURE	11			111				
	JUL 2 / 1990 Julia Pavidson-Randelle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundart be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunda, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



BALTIMORE, MARYLAND 21203-3146

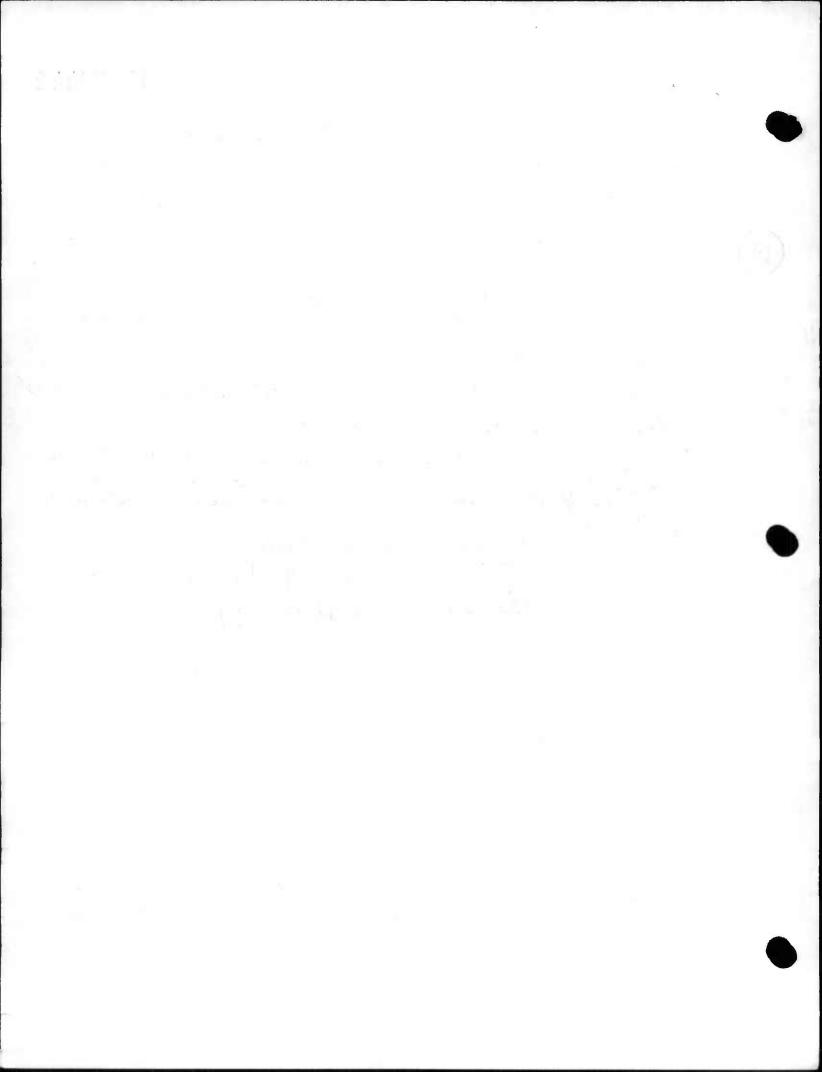
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF	MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIENE REG. NO.	
,	1. DECEDENT'S NAME (First, Middle, Last)	Hens	chen		2. DATE OF DEATH MONTH 7-24-90	YEAR 3. TIME OF DEATH
	71898P118 ,	6. AGE (In yrs. lest	YRS, IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Poreign Country)
TOR	9a. FACILITY NAME (If not institution, give stree S.T. JOSEPH RESIDENCE OF DECEDENT	Hospital	Joh. CITY, TOWN	Son	Bal	imore
DIRECTOR	10a. STATE 10b. COUNTY PARYLAND BALT	MORE	10c. CITY, TOWN OR LOC	ATION		10d. INSIDE CITY LIMITS? 1 YES 27 NO
FUNERAL	100. STREET AND NUMBER ROPER	2 ROAD	1	of ZIP CODE	10g. CITIZE	S-A
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2	IO If yes, i	ECENDENT OF HISPAN specify Cuban, Mexica S 23 NO Specify	n, Puerto Rican, etc.)	4. RACE — American Indian, Black, Whita, atc. Specify:
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)	mpleted) (Gh	CEDENT'S USUAL OCCUPATIVE kind of work done during in Do NOT use retired.)		166. KIND OF BUSINESS/INDU	STRY
MPL	12 YRS		HT HOR	\S	ME (First, Middle, Maiden Surname)	
	White and Lis	T COTTOC		IS. MOTHER'S NA	ESS. (Alls.	\wedge
TO BE	19a. INFORMANT'S NAME (Type/Print)		. MAILING ADDRESS (Stree	and Number or Rural	Route Number, City or Town, State, Zip C	code)
-	FAMILY KECO	2095	SAME	AS A	BOVE	
	20a, METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removi 4 Donation 6 Other (Specify)	al from State	OF DISPOSITION (Name of a	FA TU	20c. LOCATION — CI	i 5
	21. SIGRATURE OF FUNERAL SERVICE LICEN	NSEE		AND ADDRESS OF FA		ARKV.LLE
	23. PART I. Enter the diseases, or con		ath. Do not enter the π	node of dying, suc	h es cerdiec or reepiretory srre	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Hypot	ensun	15Hec	h	Onset end Death
z	C b	DUE TO (OF AS A CONSEC	OUENCE OF):	WA E	MESOCAVA	aere
ATIO	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING	OUE TO (OR AS A CONSEC	OUENCE OF):	6 12	c Class	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):	111 -0	3 (0/133	
	d.	////				
CAL	PART II. Other significent conditione	contributing to death but not r	eculting in the underly	ing ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						OF DEATH?
AN	25, WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (C)	neck only one)	
SICI	EXAMINER?	HOSPITAL: ER/Outpatient 3	OTHER:	ome 5 🗆 Rasidenca		
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	INJURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW INJURY OCC	JRED
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, factory, of	fice	261. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLETED	CONDUM UNITY	_			a to the cause(a) and manner as state time, date and pieca, and due to the	
BE 0	296 SIGNATURE AND TITLE OF CERTIFIER	m to	^	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month/Day, Year)
٥	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	1 . , - 3		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE				1
	1111 2 1 99U 9WA	Varidson-Asadelle				

/		Papes	
(1	1)
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - ours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit purial. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	CE	RTIFICATE	OF DEATH	REG. NO.			
,	1. DECEOENT'S NAME (First, Middle, Lest) LAY TO A	I A- JA	tcobs	SR.	2. DATE OF DEATH DAY	1990	3. TIME OF DEATH	
j	4. SOCIAL SECURITY NUMBER 218-18-4608	5. SEX 6. AGE (In yrs. las	t birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHE Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution; give str	PA HOSPITA		TOWN OR LOCATION OF DE	1	BA	_ 1	
	10e. STATE 10b. COUNTY		10c. CITY, TOWN (OR LOCATION			10d. INSIDE CITY	
	Md.	BALTO.		BALDWIN			LIMITS?	
	13613 AC	LISTON 7	DRIVE	10f. ZIP CODE 2 / 0 /		g. CITIZEN OF W	HAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Marriad 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specif	n, Puarto Rican, atc.)	No 14. RACE Black Specify	— American Indian; White, etc.	
	15. DECEDENT'S EDUC	ATION 16a. DE	CEDENT'S USUAL O	CCUPATION	16b. KIND OF BUSINE	SS/INDUSTRY	7118	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	ive kind of work done. Do NOT use retired.) ALES	REP.				
	17. FATHER'S NAME (First, Middle, Last)	TACORS		10. MOTHER'S NA	ME (First, Middle, Meiden Surr	nama)	Hmeson	
)	19a. INFORMANT'S NAME (Type/Print)	RECORDS 191	b. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Town, S	tate Zip Code)	7,0. 7 00 .	
	20a. METHOD OF DISPOSITION		OF DISPOSITION (N	ame of cemetery, crematory or	20c. LOCAT	ION — City or To-	vn, Stata	
	1 Burial 2 Cremetion 3 Remo	val from State	DENCE	U.M.C.	EM. BA	170.	co. mb.	
	21. SIGNATURE OF FÜNERAL SERVICE LICE	ENSEE	22,	NAME AND ADDRESS OF FA	CHITY PET OF	= CHI	MES	
	1 Whey	I Jave	5	325 YOL	L RI)	Tim	ovium.	
	23. PART I. Enter the diseases or continued in the contin	omplications that caused the de List only one cause on each line	tory	Tallu	th as cardiac or respiret	ory arreat,	Approximats interval Between Onset and Daath	
Sequentially list conditions, If sny, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.								
PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAI						WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)							
EXAMINER? YES 2 NO								
							loute Number,	
July CE	one's	CIAN: To the best of my knowledge, do) and manner as stated.	
5	29b. SIGNATURE AND TITLE OF CERTIFIER	100000000000000000000000000000000000000		29c. LICENSE NU	DO HARMANIA WAS		(Month, Day, Year)	
	HhBan	1 mp		D379	50	> 7/2	1/90	
	30. NAME AND ADDRESS OF PERSON WHO	_		1 14000.00	0.0.	1200	1.15	
	ASHWAMI K-BASSE ST. JUSEPH MOSPITAL BALTIMORE MO.							



ERAL DIREC	TO BE COMPLETED BY FUNERAL DIREC	AL CERTIFICATION	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	examiner must be notified at once.	injury, or other traumatic event, the med	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ral.	d Mental Hygiene prior to burial, cremation, or re	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
Secretary Pages	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-training personal properties.	the attending physician and completely filled In	TO THE FUNERAL DIRECTOR: After this certificate has been signed by
1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7 viours after death. Page 6 may be retained by the hospital or attending physicia	the death certificate be executed within 24 flours	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that
7	BALTIMORE, MARYLAND 21203-3146	0S, P.O. BOX 13146,	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last) Mabel Louise Jones						Jerry 26 1	DATE OF DEATH PORTY 26 1990 YEAR 3. TIME OF DEATH M		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 MX	8. AGE (In yrs. les		ONTHS DAY		7. DATE OF BIRTH	.917 ° 9	RTHPLACE (State or Foreign Md.	
	9a. FACILITY NAME (If not institution, give street and number) 328 Grovethorn Rd.		9		n or location of de Le River	ATH	Balti	F DEATH	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		too CITY 1	TOWN OR LC	CATION			10d. INSIDE CITY	
	Maryland Baltimor	e			River			1 YES 2 NO	
	328 Grovethorn Rd.			,	21220		1	JSA	
	1 Never Married 2 Married FORCES?	. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES			13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Y If yes, specify Cuban, Maxlean, Puerto Rican, atc.) 1 YES 2 NO Specify:			Black, White, etc. Specify: White	
9	15. DECEDENT'S EDUCATION	16s. OE	CEDENT'S US	UAL OCCUP	ATION	16b. KINO OF BUS	KINO OF BUSINESS/INOUSTRY		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	(G life.	No NOT use to	k done during etired.) mbly	most of working	Pharmaceutical Co.			
	17. FATHER'S NAME (First, Middle, Last) Walter Rosenth	al			18. MOTHER'S NA	ME (Eirst, Niddle, Maiden Hughes	Surname)		
	19a. INFORMANT'S NAME (Type/Print) Martha Rosenthal, Siste	r in Law	328	Grove	thorn Rd.	Balto.	Md. Zip Code	220	
	20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Ramovat from State 4 Donation 5 Other (Specify)	20b. PLACE	of disposit	Ceme	cemetery, cremetory or	36 F	CATION — CHY C	Co., Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Palto. Md. 21221								
	1	UP N	~!·		_ •				
	23. PART i. Enter the diseases, or complication shock, or heart fallure. List only one			anter tha	moda of dying, auc	•		Approximata Interval Batween	
ł	IMMEDIATE CAUSE (Final					with A	rhyth	Mic Onset and Death	
disease or condition Year							Year		
i	resulting in death) a. Due	TO (OR AS A CONSE	OUENCE OF:	4	111101	y DISEO		18000	
	Care	A10 0 01	. 1	1	ry Dis	1 -100		Yours	
	Sequentially list conditions,	DICE	OHENCE OF	TE	ry DIS	ease		1205	
	If any, leading to immediate cause. Enter UNDERLYING	· Cons	OUENCE OF:	M.	11:11			Yann	
	CAUSE (Disease or injury	TO (OR AS A CONSE	OUENCE OF:	rie	ILLTUS			rears	
	that initiated eventa resulting in death) LAST	CJ	OUENCE OF:	2	1 Die	01.10		Vanno	
	d. LNC	C STac	The r	2 No	el DIS	ouse		14015	
ايُ	PART ii. Other significant conditions contributing	to death but not	reaulting in	tha undari	ying cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
5						PERFOR	•	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						1 YES 2	Xwo	OF DEATH?	
						_		1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL				BI ADE OF DOARS				
	EXAMINER? HOSPITAL			THER:	S. PLACE OF DEATH (Ch				
2		2 ER/Outpatient 3			Home 5 Rasidence				
	27. MANNER OF DEATH 28s. DATE (Mont) 1 Natural 5 Pending	h, Day, Year)	28b. TIME	RY.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	D	
	2 Accident Investigation			M 1	YES 2 NO				
	8 Could not be build	E OF INJURY — At he ing, atc. (Specify)	ome, farm, str	eet, fectory,	office	281. LOCATION (Street : City or Town, State)	and Number or Ru	iral Route Number,	
-	4 Homicide detarmined								
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bea	t of my knowledge, de	eath occurred	at the time,	data and place, and due	to the cause(a) and ma	nner as stated.		
	one) 2 MEDICAL EXAMINER: On the basis	of axamination and/or	investigation,	in my opinio	on, death occured at the	time, data and place, ar	nd dua to the cau	use(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d, OATE SIG	NEO (Month, Pay, Year)	
	Edward, Seth	Kran	o M	2	022	848	► 7/.	27/90	
	Edward Soth	LV44	15 M	() -	4940 Bal	Easteri	AUS	21224	
	JUL "17 1990" Julia Savids	TRAM BIGNATURE							

sén di Banka a sé . . · A second mark to an arms of the The second of th

b	2, 3 should	
.(Mit. Pipes 3)
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 7.3, 3 should be flat within 72 hours after death with the State Debt. of Health and Mental Hydelve prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

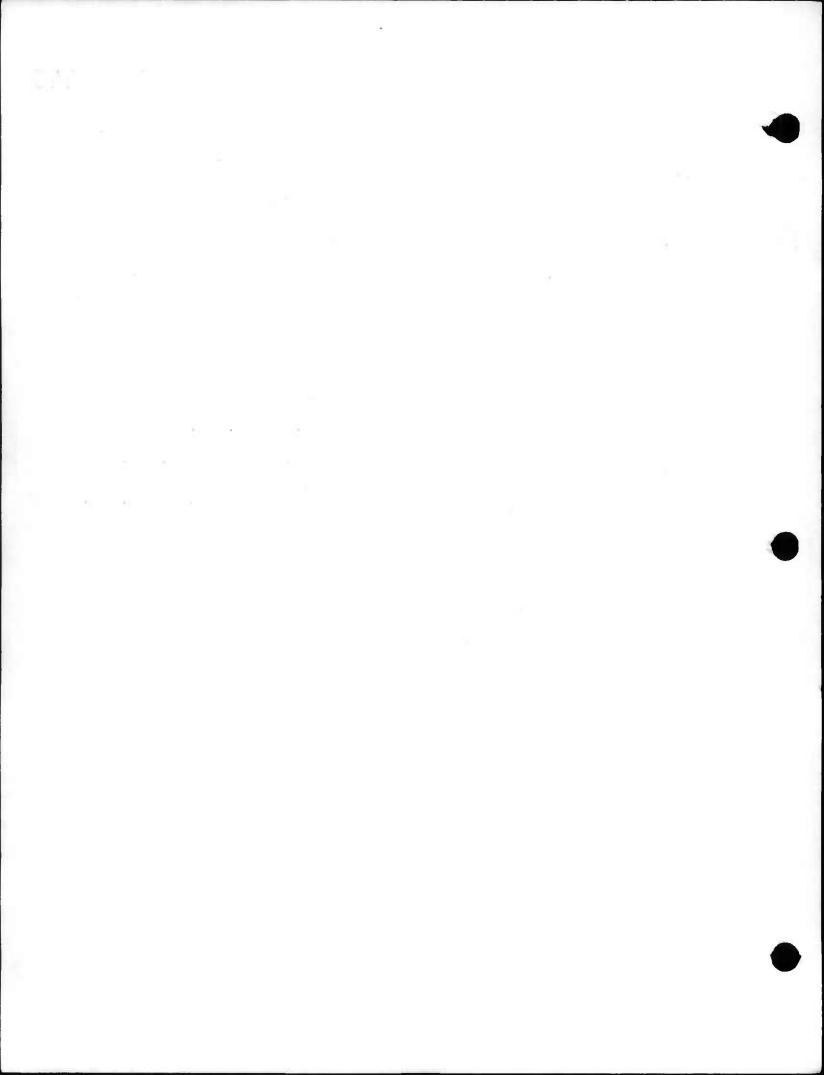
STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
			CERTIFICATE	OF	DEAT	"H		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENE REG. NO.		2044
1. DECEDENT'S NAME (First, Middle, Last)		0211111101		DEATH		F DEATH		3. TIME OF DEATH
Minnie	J	UNGBLUT			Ju	Lv 26	. 1990	2:25 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In ye	rs. last birthday) IF I	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	F BIRTH Day, Year)	8. E	NRTHPLACE (State or Foreign country)
214-22-4492 90. FACILITY NAME (If not institution, give a	1 M 2 F 8	3 YRS.		R LOCATION OF DE	Sep	t. 16	1906	Maryland
Franklin Square	e Hospital		Ro	ssville			Balt	imore
Md. 106. COUNT	BAltimore	10c. CITY, TO	WN OR LOCATI					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
612 Dunwich Was	у			21:	221			JSA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	. UNO		ENDENT OF HISPAN city Cuben, Mexica 2 NO Specify	n, Puerto Ri		TRACTOR TO	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade		e. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	N t of working	16b.	KIND OF BUS	NESS/INDUST	
Elementery/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use ret	ired.)	or working				
17. FATHER'S NAME (First, Middle, Last)		Sales	Tagy	16. MOTHER'S NA	ME (First, M	iddle, Malden S	Surname)	
John Schneide	or .				Kra			
19a. INFORMANT'S NAME (Type/Print) John Jungblut				ad Number or Rural I	Route Numbe	er, City or Town	, State, Zip Cod Land	21221
20s, METHOD OF DISPOSITION	20b. Pt	ACE OF DISPOSITIO					ATION — City	
1 Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)		ak Lawn (Cemeter	V		BA	ltimor	e Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	22. NAME AN	D ADDRESS OF FA	CILITY			
Connelly	tunital t	Come	Conne	lly Fune	eral	Home 3	00MAce	Ave. 21221
23. PART I. Enter the diseases or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute My O	ilne.			h aa cardi	ac or reapi	atory arrest,	Approximate Intarval Between Onset and Death
Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A CO	INSEQUENCE OF):						
causa, Enter UNDERLYING CAUSE (Disease or injury	c							
that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):						
	d							<u> </u>
PART II. Other aignificant condition	na contributing to death but	not resulting in th	na underlying	cause given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					_	1 TES 2	1	COMPLETION OF CAUSE OF DEATH?
					_			1 TYES 2 NO
		_						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL THER:	ACE OF OEATN (Ch	eck only one)		
1 VES 2 NO	1) Inpatient 2 ER/Outpatie	ont 3 DOA 4 DOA 4 D	and the second	5 Residence			LHIM COCUM	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO	ES 2 NO	200. DES	CHIDE NOW IF	JURY OCCURI	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)		t, factory, office		261. LOCA City o	TION (Street e or Town, State)	nd Number or F	tural Floute Number,
anal only	CICIAN: To the best of my knowledger. On the basis of examination as							use(e) end manner as stated.
29st SURFATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI	TO A STATE OF	are taken in		Day D (Month) Day, Year)
1/m	Egiste	m		THE EIGENSE HOI	n.v.n	-	· 7/	26/90
D MARIE AND ADDRESS OF PERSON WI		esession and the second					-	Mer -
"JUL 27 1990 9	topy or and some some some	000 Fra	nklin	Square)rj	Ve	21237	

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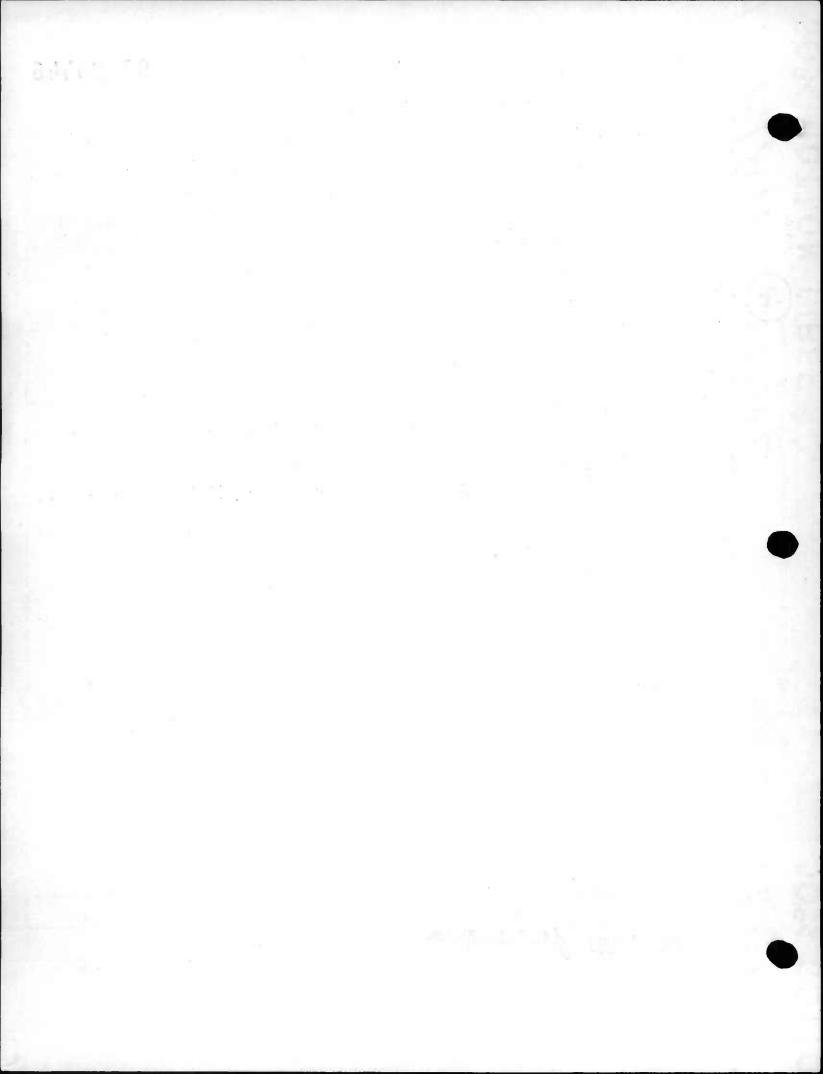
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Shows	ME
23	2
item 23	2
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NT: if item 28 is marked, or item 23 shows any Injury	COMPLETED BY DHYSICIAN: MEDICAL
.60	
28	#
NNT: If Item 28 is	L L
=	1 9
INT	QMO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF I	DEATH	,	YEAR	3. TIME OF DEATH
	Helene			Key						July			990	11:12 A M
	4. SOCIAL SECURITY NUME	BER	5. SEX		s. last birthday)		DER 1 YEAR	IF UNDER	_	7. DATE OF E	BIRTH		8. BIRTH Count	IPLACE (State or Foreign
	577-48-78	361	1 🗆 M 2 🖵 F	84	YRS.	MONTH	B DAYS	HOURS	MIN.	12/1	6/0	5	COUNT	"
	9a. FACILITY NAME (If not in		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY					NTY OF C	EATH					
FUNERAL DIRECTOR	Maryland	Gene	ral Hos	spital	L	В	alt:	imor	e Ci	ty				
5	10a. STATE	10b. COUNTY				TY TOW	N OR LOC	ATION						10d. INSIDE CITY
E	Md.	102. 000					imor							LIMITS?
	10e. STREET AND NUMBER	L				1. U.	_	of, ZIP COD	F			10a CIT	ZEN OF 1	WHAT COUNTRY?
RA	4100 Mai								2121	5		109. 011	U.	
N I	11. MARITAL STATUS	IC AV	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	1.	13 WAS DE			IIC ORIGIN? (S	necify Yes	or No.	14 BAC	F — American Indian
띠	1 Never Married 2	Married	FORCES?	YES X	NO		If yes, s		n, Maxica	n, Puarto Ricar			Blec	k, White, etc.
ВУ	3 Widowed 4 Dive	rced	ir res, dive	MAN ON DATES			1 11	3 2 12 10	Specin	<i>y.</i>			Spec	"y. WIII, 0C
COMPLETED	15. DEC (Specify oni	. DECEDENT'	S USUAL	OCCUPAT	FION	00	16b. KIN	D OF BUS	INESS/IN	DUSTRY				
Ψ.	Elementary/Secondary ((Give kind o	use retire	d.)	roat or work	ng.								
MP														
8	17. FATHER'S NAME (First, M									ME (First, Middl	le, Maiden S	Surname)		
BE	Bryon Sl		n							dgby				
OT	19a. INFORMANT'S NAME (Route Number, (
-	Shirley									alto.				·
	20a. METHOD OF DISPOSIT 1 Burial 24 Crematic 4 Oonation, 5 Other		oval from Stata	oth	PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) etro Crematory Inc.						20c. LOCATION — City or Town, State Balto. Md.			
	21. SIGNATURE OF FUNERA		22, NAME AND ADDRESS OF FACILITY Wainwright Funeral Home					•						
	Wainwright Funeral Home 2700 Edmondson Ave. Balto. Md.											CCIC PM		
	23. PART I. Enter the d	iseases or o	omplications the	nt caused the	death Dd	not en								Approximata
	shock, or h	aart fallure.	List only one car					loca or cy	mg, sac		от топри	atory at	, ,	Interval Batween Onset and Death
	IMMEDIATE CAUSE (Fit disease or condition		C 0 = = =		,									Onset and Death
ŀ	reaulting in death)	→	a. Seps:	LS (OR AS A CO	NSFOUENCE	OFI:								
_		_		inoma			Lun	o -	Ter	ninal				j
CERTIFICATION	Sequantially list condi- if any, laading to imme			OR AS A CO				0						
8	cause. Entar UNDERLY CAUSE (Diseasa or Inju	ING	Gast	ric U	lcer	wit	h B	leed	ing					
	that initiated events			(OR AS A CO		OF):								
EH	resulting in death) LAS	"	d. Dehyd	dratio	on	_								
	PART II. Other significa	nt condition	a contributing to	daeth but n	not reaulting	in tha	undariyi	ing cause	given in	Part i. 24	n, WAS AN		241	. WERE AUTOPSY FINDINGS
MEDICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
		_								''	YES 2	X NO		DF DEATH?
- 1										- [1 1 123 2 1 110
AN	25. WAS CASE REFERRED T	O MEDICAL					26.	PLACE OF I	DEATH (C)	eck only one)				
PHYSICIAN:	EXAMINER? 1 □ YES 2 整 NO		HOSPITAL:	FR/Outputler	nt 3 🗆 00A	OTH	IER:		Committee of the last of the	6 Other (S	neo/fir)			
H	27. MANNER OF DEATH		28a. DATE O	F INJURY	26b. T	ME OF	28c. I	NJURY AT		28d. OESCRI		NJURY OC	CUREO	
		Pending Investigation	(Month, I	Day, Year)		NJURY		WORK? YES 2	_ NO					
BY	2 Accident 3 Suicide	Could not be	28e. PLACE	OF INJURY — A	At home, farm	, atreet,	factory, of	fice				nd Numbe	r or Rural	Route Number,
E	4 Homicide						City or it	own, State)						
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in recognitions.								sta and plec	e, and du	to the cause(e) and man	tner ee ata	ited.	
M	one)													s) and manner as stated.
	29b. SIGNATURE AND TITL	F OF CERTIFIE	R					29c LiC	ENSE NU	MRER		29d DA	TE SIGNE	D (Month, Day, Year)
H	Leila	Kutte		^					N/A			D. D.		26.90.
임	30. NAME AND ADDRESS O		,		(ITEM 27) (To	pe, Print)			. ,					-
	Layla K						and	Gen	era1	. Hosp	ita	1		
-	31. DATE FILED (Month, Day,			AR'S SIGNATU		-								
- 1	MM OT 40		20 20											



permit, Pages 1, 2, 3 should

	1 - STATE REGISTRAR JANET S.	STATE OF MAR' KNOTTS			F HEALTH AND N OF DEATH	MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Leel)	to	otts			2. DATE OF DEATH MONTH	7/24/90 2 4 9	S. TIME OF DEATH 9 25 AM
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	MONTHS DA		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	526-28-3456		2 YRS.					OHIO
2	90. FACILITY NAME (If not institution, give st HOWARD COUNTY GENI		AT		VN OR LOCATION OF DE JMBIA	ATH	9c. COUNTY	
UINECTOR	RESIDENCE OF DECEDENT	TRAL HUSEII	AL	COL	IMBIA		H	OWARD
Ä	10s. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LO	OCATION			10d. INSIDE CITY LIMITS?
	MARYLAND	BALTIMORE		JESS	SUP			1 TYES XX NO
4	10s. STREET AND NUMBER	0 0010 10	m 1001		101. ZIP CODE			N OF WHAT COUNTRY?
FUNERAL	6867 OLD WATERLO		T. 1801		21227			S.A.
2	1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2X NO	If yes	DECENDENT OF HISPAN a, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, atc.)	Yee or No 14	. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'		PATION g most of working	16b. KIND OF	BUSINESS/INDUS	TRY
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)				
2	17. FATHER'S NAME (First, Middle, Last)	2	HOMEMAK	ER		OWN		
	HARRY SMITH				LILLIA	ME (First, Middle, Maid N COPEL		
n n	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str	set and Number or Rural F			ode) 21227
2	GEORGE W. KNOTTS	II						SUP, MARYLAND
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rame				f cemetery, cremetory or		LOCATION — CIt	
	4 Donation 8 Other (Specify)		METRO CRE	MATORY		CA	TONSVIL	LE, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Le	LERO	E AND ADDRESS OF FAC OY M. & RUS DEDMONDSON	SSELL C.	WITZKE CATONSV	FUNERAL HOMES ILLE, MD.21228
CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Bowe DUE TO (OR A	AS A CONSEQUENCE	hen!	· Neck	~051 S		Interval Between Onset and Death
		d						
WEDICAL	PART II. Other algnificant condition	s contributing to deat	th but not resulting) In the under	lying cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Y.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATH (Ch	eck only one)		
	1 WES 2 DATO	HOSPITAL:	Outpetient 3 🗆 DOA	OTHER:	Home 5 - Reeldenca	8 Other (Specify)		
BY PHISICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJU (Month, Day, Ye		JURY	WORK?	26d. DESCRIBE HO	W INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, etc. (URY At home, farm Specify)	, street, factory,	office	28f. LOCATION (Str. City or Town, St	et and Number or ate)	Rural Route Number,
COMPLEIED	one)	ICIAN: To the best of my k						cause(e) and menner se stated.
O BE C	296. SIGNATURE AND TITLE OF CENTIFIED TECHNICAL W. Sm	uld mid			D 258			NGNED (Month, Day, Year) -24-90
	1.101			Ridge Ridge	e Rd.	Polanbia	nl.	21044
	31. DATE FILED (MOJITH, Day, Year)	uli Burdson	SHARUEZ.					



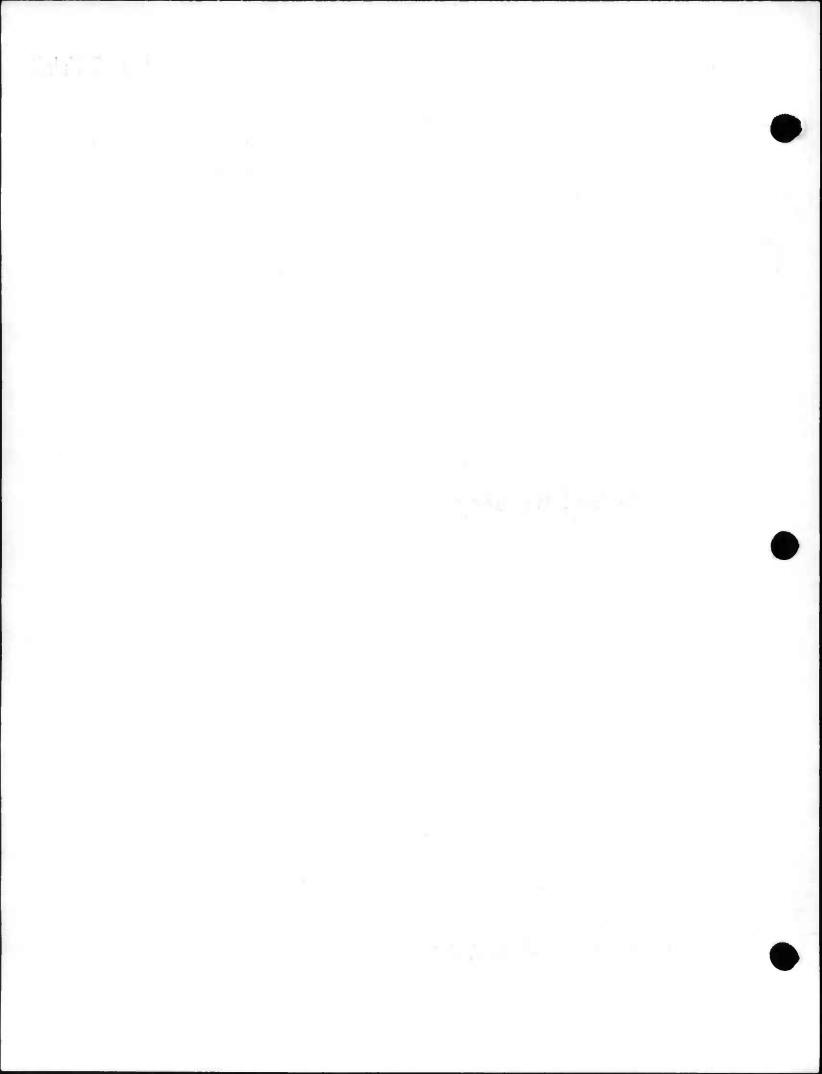
ges 1, 2, 3 should

	. STATE REGISTRAR 1. DECEDENT'S NAME (First, MI	liddle, Last)	Ellon	Marie Kl		ICATE	UF	DEAT		2. DATE	REG. NO.	990	VEAD	TIME OF DEATH	
-	4. SOCIAL SECURITY NUMBER		5. SEX									990		28 P M	
	235-22-7030		1 M 2 K F	6. AGE (In yrs. le	YRS.	IF UNDER	DAYS	HOURS	MIN.		of BIRTH # 08,7192	1	8. BIRTHPL	ace (State or Foreign st Virgini	
OH	90. FACILITY NAME (If not institution franklin	Squa		tal		9b. CITY		SSV1		ATH		Baltimore County			
5	10a. STATE 10	OENT Ob. COUNTY		10c. CIT	Y, TOWN C	OR LOCAT	ION					10	d. INSIDE CITY		
DIRECTOR	Md.	В	Altimore					Ess	ex				1	LIMITS?	
FUNERAL	100. STREET AND NUMBER 18 Wagner 1	Lane					101	ZIP CODE	1221			10g. CITI		SA	
m d	11. MARITAL STATUS 1 Never Merried 2 Me 3 Widowed 4 Divorce		12. WAS DECEDE FORCES? IF YES, GIVE	T EVER IN U.S. A YES 2 WAR OR DATES	RMED NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, epecify Cuban, Mexican, Puerto Ricen, etc.) 1 ☐ YES 2 ☑ NO Specify:						14. RACE — Black, V Specify:	American Indian, white, atc. White	
COMPLETED	15. DECED (Specify only hi Elementery/Secondary (0-12 12th	6	ECEDENT'S Give kind of e. Do NOT u	work done	during mo		ng	168	o. KIND OF BUS	BINESS/INC	DUSTRY				
BE CON	17. FATHER'S NAME (First, Midd Nathan 1	Birch	er					16. MOTH		ME (First, Inie	Middle, Meiden Beach				
2	190. INFORMANT'S NAME (Types Archie Keri			1							nore Ma			1221	
	20e. METHOD OF DISPOSITION 1 Description 4 Description 5 Other (Sp.	3 🗆 Rame	oval from State	20b. PLACI	Nace)								City or Town		
	21. SIGNATURE OF FUNERAL S		ENSEE	Ga	Gardens of Faith Cemetery 22. NAME AND ADDRESS OF FACILITY						I RC	SSVI	tre	MC .	
	Connel	ly	Funer	al Ho	me			-						. 21221	
	23. PART I. Enter the diseahock, or head IMMEDIATE CAUSE (Final disease or condition resulting in death)	rt f àif ure, i I	a. Right	upper al	nd mi	ddle	lob	e pn			or reap	ratory an		Approximata Intarval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST Systemic Lupus Erythematosus DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
ICAL CE	PART II. Other algnificant	condition	s contributing to	daath but not	resulting	in the ur	ndariyin	g cause (given in	Part I.	24a. WAS AN PERFOR	MED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE	
PHYSICIAN: MEDI											1 YES 2	√N NO	1	F DEATH?	
ž I	25. WAS CASE REFERRED TO I	MEDICAL						ACE OF D	EATH (Ch	eck only o	ne)				
2	1 TES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nur		e 5 □ Re	esidence	6 🗆 Oth	er (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pe	ending vestigation	28s. DATE O (Month,	F INJURY Day, Year)	28b. Til	WE OF JURY M	WC	URY AT PRK? YES 2	NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED		
	2 Accident 3 Suicide 6 Co	nome, farm,	street, fac	tory, offic	•		281. LO	CATION (Street of or Town, Stete)	and Numbe	or or Rural Rou	ite Number,				
		termined				occurred at the time, date and place, end due to the ca					to the cause(e) end menner as stated.				
	4 Homicide del	YING PHYSI												nd manner ee stated.	
COMPLETED	4 Homicide del	YING PHYSI	R: On the basis of					leath occur		time, dat	e and place, en	d due to ti	he ceuse(e) e	fonth, Day, Yber)	
TO BE COMPLETED BY	29e. CERTIFIER (Check only one) 2 MEDICA	AL EXAMINE OF CERTIFIER	R: On the basic of	examination and/o	r investigati	e, Print)	opinion, c	29c, LiCi	red at the	time, dat	e and place, en	29d. DAT	he ceuse(e) e		

should		ntiffed
page 5		ho n
lirector,		r much
uneral	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and so is maked as item 23 shows any injury or other trainmails awant the madical examinar must be matified
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							90 20448				
	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last	CHARLES		RCHER	DEATH	2. DATE OF DEATH	3. TIME OF DEATH				
	CHARLES	E. KIRCH		KOITEK		MONTH DAY	90 12:00 AM				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
	216010146	1 M 2 F	78 YRS.			5-17-12	Maryland				
00	9a. FACILITY NAME (If not institution, give	street and number)	40		OR LOCATION OF OR		JNTY OF OEATH				
10,	HARBOR HE	spital Con	161-	1001	timor.	E City					
DIRECTOR	10s. STATE 10b. COUN	TY	10c. Cr	TY, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?				
	Maryland 100. STREET AND NUMBER				more	City	1 YES 2 NO				
RAI	5 Wash but	on Aug		101	ZIP CODE		71 S A				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	-	NIC ORIGIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, etc.				
BY FI	1 Never Merried 2 Married	Never Merried 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES H yes, specify Cuben, Mexican, Puerto Rican, etc.) If YES, GIVE WAR OR DATES H yes, specify: Specify:									
ED B		W///C									
ETE	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)	(Give kind of	S USUAL OCCUPATION work done during mouse retired.)	ost of working	16b. KIND OF BUSINESS/IN	DUSTRY				
PLI	8 yr s	College (1-4 or 5+)	Carpe	nter							
COMPLET	17. FATHER'S NAME (First, Middle, Last)	10 10 10 10				ME (First, Middle, Maiden Surname)	1.16				
BE	William	KIRCHE.				GINIA HA					
2	19a. INFORMANT'S NAME (Type/Print) Mrs Flora V. Shi	HOV				Route Number, City or Town, State, Z ltimore. Md.	21225				
	20s. METHOD OF DISPOSITION	200	. PLACE OF DISPO	OSITION (Name of co			- City or Town, State				
	1 S Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	G.	len Have	n Memori	al 7/28,	/90 Glen Bu	rnie Maryland				
	21. SIGNATURE OF FUNERAL SERVICE	Milton J	Knight J	22. NAME A	ND ADDRESS OF FA	CILITY 2	1214				
	Multon	Knight	1	Leona	rd J. Ru	ck, Inc. 5305	Harford Road				
	23. PART i. Enter the diseeses, a shock, or heart fellur	r complications that cause e. List only one souse on e		not enter the mo	ode of dying, suc	th as cardiac or respiratory e	rrest, Approximata interval Between				
	IMMEDIATE CAUSE (Final disease or condition	9					Onset and Death				
	resulting in death)	a. OUE TO (OF AS	S 7 S A CONSEQUENCE	OF1:							
z				N PHE	U MIONI	ia					
E E	Sequentially list conditions, if any, leeding to immediate	DUE TO (OA AS	A CONSEQUENCE	OF):							
	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	CDUE TO (DR AS /	A CONSEQUENCE	0F):							
CERTIFICATION	resulting in death) LAST	4	E DE ROPOLIDO				1				
	PART II. Other significent conditi	ons contributing to death I	out not resulting	in the underlyin	g cause given in	Part I. 24a, WAS AN AUTOPS	24b. WERE AUTOPSY FINDINGS				
MEDICAL	3				9	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
9						TO YES 2 MO	DF DEATH?				
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C/	neck only one)					
IS I	1 VES 2 NO	1 @ Inpetient 2 - ER/Out		4 - Nursing Hor		8 Other (Specify) 28d. DESCRIBE HOW INJURY O	COURED				
	1 Natural 5 Pending	28s. DATE DF INJURY (Month, Day, Year)	200. 1	NUURY W	JURY AT ORK? YES 2 NO	280. DESCRIBE NOW INJUNT O	CCORED				
D BY	2 Accident Investigation 3 Suicide 6 Could not 1	28a PLACE OF INJURY	Y — At home, farm			28f. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,				
ш	4 Homicids determined					on, or roun, orace,					
PLE	29s. CERTIFIER (Check only one)	YSICIAN: To the best of my know	vledge, death occu	rred at the time, date	e and place, and due	s to the cause(s) and manner as a	inted.				
COMPLET	2 MEGICAL EXAM		on and/or investiga	tion, in my opinion,			the cause(s) and manner as stated.				
TO BE	296. SIGNATURE AND THE OF CERTIF	4- KINDY	A	(iD	29c. LICENSE NU	MBER 29d. D/ ▶	7-25-90				
F	LS TELAN	MHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Ty	A U.Z) , /	Luspor Hos	with Corter				
	31. DATE FILED (Month, 10 - 1/2)	Julia Davidson-Ras			7	,,,,					
	LJUL 21, 1990	Jana warrason-Man	notes:								

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Cours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the De Site Dect. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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11 DATE FILEO (Month, Day,

1990

	FOR STATE REGISTRAR		STATE OF M		DEPAR					MENTA	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)	RNET	T						2. DATE MONT		W 19	YEAR 90	3. TIME OF DEATH 639AMM
	4. SOCIAL SECURITY NUMBER 080/60 80	4	5. SEX 1 M 2 F	6. AGE (In yrs. In	- Mana	IF UNDER	DAYS	IF UNDER	MIN.	12-	of Birth	22	M Oc	20 achusetts
TOR	90. FACILITY NAME (If not in CIRCLE' M RESIDENCE OF DEC	ANOR	U COMPANY	om F				NG-				700	NTY OF C	s-omery
DIRECTOR	Maryland	Mon	tgomery			Kens								10d. INSIDE CITY LIMITS? 1XXX YES 2 NO
FUNERAL	100. STREET AND NUMBER	roll P	lace				10	208					States	
B	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Olvo		12. WAS OECEOEN' FORCES? 1 IF YES, GIVE W	YES 2	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, Wh 1 ☐ YES 2 ☑ NO Specify: Specify:									E — American Indian, k, White, etc. #/y: White
COMPLETED	15. OEC (Specify only Elamentary/Secondary (C 12 years	EOENT'S EOU by highest grade 0-12)	(CATION completed) College (1-4 or 5 +) (C	ECECENT'S Give kind of a. Do NOT u Dusew	work done se retired.)	during mo		ng		Own H		DUSTRY	
	17. FATHER'S NAME (First, M Walter S.		1						HER'S NA	ME (First,	Middle, Meide	n Surneme)		
TO BE	Leo J. Ko			10	DO1 S	prin	s (Street a	nd Number	or Rural	Route Num	ber, City or To ent 6	wn, State, Zir 16, S	ilve aryl	r Spring 10
	20e METHOD OF OISPOSIT **Burlel 2		noval from State	20b. PLACE other p	OF DISPO	SITION (N	ame of ce	metery, crei	metory or		20c. L	OCATION —	City or T	
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	Ste	in									TUNERAL HOME
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart fallure.	List only one caus. Card		Arre.	t	r the mo	ode of dy	ing, suc	ch ss cer	diec or res	piratory an	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list condit if sny, leeding to imme cause. Enter UNDERLY CAUSE (Disesse or inju- that inhilated events resulting in death) LAS	diets ING ury	c	(OR AS A CONSI			and	ta						Y'EARS
AL	PART II. Other significa	ent condition	ne contributing to	deeth but not	resulting	In the u	nderiyir	g ceuse	given ir	Part I.		N AUTOPSY ORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 100 NO	TO MEDICAL	HOSPITAL:	ED/Outpetlant	3 🗆 DOA	ОТНЕ	Pt:			heck only o				
BY PHYS	27. MANNER OF OEATH	F OEATH							T	SCRIBE HOW	INJURY OC	CUREO		
										CATION (Street or Town, Stell		or Or Rural	Route Number,	
COMPLETED	(Crieck Orny		BICIAN: To the best of ER: On the best of e											(a) and manner as stated.
8	29b. SIGNATURE AND TITLE	E OF CERTIFIE	the H	P				-	ENSE NU			29d. DAT	P BIGHE	90 (Marrier)
9	30, NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAU	SE OF OFATH (IT	EM 27) (%n	e Print)				,		1	- 1	

MPLETEO CAUSE OF OEATH (ITEM 27) (Typo, Print)

SHER, 3720 FARRAGUT AVE

12. REGISTRAN'S SIGNATURE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-nours after death. Page 6 n	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	semantically in a set in married on the second defined an able of the second and an arranging management
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	FOR 1 . STATE		STATE OF !							MENTAL HYG	ENE			
_	REGISTRAR				CERTIF	ICATE	E OF	DEA	ГН	REG.				
	1. DECEDENT'S NAME (First,	- 1	hortes	K	etchu	m				2, DATE OF DEAT	DAY	9 YEAR	I Yo	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs	. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTHP Country)	LACE (State	or Foreign
	219-18-	7878	1 🗸 🕦 2 🗆 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	9/4/21	, ,	D	IMOR	F. MD
	9s. FACILITY NAME (If not in:		-,,,,	,		9b. CITY	, TOWN O	R LOCATI	ON OF DE			UNTY OF DE		- 111
TOR	HONOLD!	Dew	10175	HOSP	Jots	40	274	40	6	son.	No	rfor	D	
E E	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION				1	10d. INSIDE	CITY
DIRECTOR	PA	Yor	K		DEI	_TA		76					LIMITS:	
FUNERAL	100. STREET AND NUMBER	01 Ma	IN ST				101	ZIP COD	* 7314			TIZEN OF WI	SAT COUNTI	1177
3	11. MARITAL STATUS		12. WAS DECEDER							HC ORIGIN? (Specif		14. RACE	- American	Indian,
	1 Never Married 2 💢	Married		YES 2	□NO		If yea, spo 1 TES			n, Puerto Rican, etc	-)	Black, Specify	White, etc.	
À	3 Widowed 4 Divo	reed		WW 2)			- Y-V	оросия			WH	ITE	- 1
		EDENT'S EDU			DECEDENT'S	USUAL O	CCUPATIO	N .		16b. KIND O	BUSINESS/IN	IDUSTRY		
	Elementary/Secondary (0	highest grade	College (1-4 or 5	4)	(Give kind of life. Do NOT u	work gone ise retired.)	aunng mo	st of world	ng					- 1
4	,, ,, ,	,	2	" F	IELD	ENG	INE	ΕR		Comp	UTER			
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)							HER'S NA	ME (First, Middle, Mi				
	JOHN KET	CHUM						.11-611	AGN	ES FALK	ENHA	M		
BE	19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street a	nd Numbe		Route Number, City o				
2	REGINA S.		ынм		301					та, РА.		1 /1		- 1
	20s. METHOD OF DISPOSITI		HON	205 BL	ACE OF DISPO						LOCATION -	City on Tow	- Cart	
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	4 Donallon 5 Other		THE STATE OF THE S		YORKI				SS OF FA		York	, PA.		
	21. SEGRATURE OF PURELLA	L SERVICE LIL	I AV	44										
	1 km	100	fill	u		H	ARK	INS	F.H	.Inc.,6	OUU MA	A I N S T	'nΝΕ	LTA, P
	23. PARY i. Enter the di ahock, or he IMMEDIATE CAUSE (Fir	and fallerna	a. My Constitution and the List only one can bue to bue to oue to	ton on analy	Man o				-				interv	oximata rai Between t and Death
	disease or condition reaulting in death)	→	Mys	Zava	ha/	in	tee	10	tro.	77			12	hus
	readiting in death)		DUE TO	(OR AS A CO	NSEQUENCE C	OF):		^		1 1	/			
z			· Car	an	577	la	0	4	Le	17 C	cep	10.		
임	Sequentially list conditi if any, leading to imme-	ione, diete	OUE TO	(OR AS A CO	NSEOUENCE (OF):			V			/		
CERTIFICATION	cause. Enter UNDERLY	ING	c											
	that initiated events		OUE TO	(OR AS A CO	NSEQUENCE (OF):								
E	resulting in death) LAS	' (d										-	
-	PART II. Other algoritics	ent condition	as contributing to	deeth hut r	not requiting	in the u	nderlyin	COURA	given in	Part i 24a W	S AN AUTOPS	v 24h	WEDE AUTO	PSY FINDINGS
PHYSICIAN: MEDICAL	PART II. Other algumes	uni condition	- contributing to	deetii but i	or resorting	III tile ti	ilderlyin	g couse	given in		RFORMED?		MAILABLE P	RIOR TO
ă										1 0×4	ES 2 NO		OF DEATH?	TOP CAUSE
M												- 1	1 YES	2 □ NO
Ë														
S	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:			07115		ACE OF	DEATH (Ch	eck only one)				
S	1 YES 2 NO		1 Inpatient 2	☐ ER/Outpatis	nt 3 🗆 DOA	4 Nu		6 5 🗆 R	lesidence	8 Other (Specif))			
ξ	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	26b. Ti	ME OF	28c. IN.	URY AT		28d. OEŞCRIBE I	IOW INJURY O	CCURED		
ВУР		Pending Investigation	(inchair,	ouy, roury		M		YES 2	□ NO					
	2 Accident 3 Suicide	Could not be	26a. PLACE	OF INJURY -	Al home, farm,	street, fac	tery, offic	•		281, LOCATION (S	treet and Numb	oer or Rural Re	oute Number,	
Ĕ	4 Homicide	detarmined	bullang	, atc. (Specify)						City or Town,	State)			
E	296. CERTIFIER	TIEVING BUVE	ICIAN: To the best of	d my knowlede	a death seem	and at the	ties date	and also				American I		
COMPLETED	one)		ER: On the basis of										and manne	r as stated.
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BE	29b. SIGNATURE AND THELE	70 7		1		1 4 -	,	1	ENSE NU			ATE SIGNED		Toar)
0	PHON	wh	> / - 2	J. SOZ.	TER	VILL	-/-	رف	170	77		May -	15,1	170
-	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETEO CA	JSE OF DEATH	(ITEM 27) (Typ	e, Print)		-		1-1-	> -			
	1AN. 500	MEX	111-1-1=	40	D LE	-Ms	5 3	5/	H	MAG	DE	SMA	CE	MI
	31. DATE FILED (Month, Day,	Year)	32. REGISTE	AR'S SIGNATU	RE .									21078
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 must after death. Page 6 may be retained by the bospital or attending physician and competely filled in by the funeral director, page 5 should be detached for use as the buriat-training be filled within 72 hours after death with the State Dest. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EHIIF	ICALE	UF I	DEALH		REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) Tex	ry	Lee	:	Le	wis		2. DATE OF MONTH	DEATH DAY	1	YEAR 3	6:15PM M
	4. SOCIAL SECURITY NUMBER 212-48-6455	5. SEX 8. AGE (In yrs. los		yrs.	MONTHS DAYS HOURS MIN			7. OATE OF BIRTH (Month, Day, Year) MAY 11,1947		.7	8. BIRTHPLACE (State or Foreign Country) MARYLAND	
H.	9e. FACILITY NAME (If not institution, give street end number) 3049 Conowingo Road				9b. CITY, TOWN OR LOCATION OF DEATH 9c. C				9c. COU	COUNTY OF DEATH Harford County		
KI	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND Harford				10c. CITY, TOWN OR LOCATION Fallston					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	3204 Tally Ho Pl	lace				10t.	ZIP COOE 2104	47		10g. CITI	U.S	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	BMED MO	lf y	s, spe	NDENT OF HISPAN cify Cuben, Mexican 2 NO Specify	n, Puerto Ric		or No—	14. RACE - Black, Specify:	- American Indian, White, etc. WHITE
	15, DECEDENT'S EDU	CATION	16a, C	ECEDENT'S	USUAL OCCI	PATIO	N .	16b. K	IND OF BUS	INESS/IND	USTRY	
COMPLETED	(Specify only highest grade	College (1-4 or 5 +		Give kind of fe. Do NOT u	work done duri se retired.) LEELWO	ng mos	t of working				COMP	ANY
<u> </u>	17. FATHER'S NAME (First, Middle, Last)	11, 11					16. MOTHER'S NA	ME /First Mic	trila Mairian	Surnamal		
BE CC	JOSEPH M. LI	EWIS					M	ARY L	. RIP	PEON		
2	190. INFORMANT'S NAME (Type/Print) JOSEPH M. LET	WIS (FAT	HER)				O., FALLS			2104		
	20e. METHOD OF OISPOSITION 1 🖾 Burlel 2 🗆 Cremetion 3 🗆 Rem 4 🗋 Donetion 5 🗇 Other (Specify)	oval from State			SITION (Name W CEME		etery, crematory or				City or Tow	
	21. SIGNATURE OF PUNERAL SERVICE LIC	CENSEE 4	-//			CH	D ADDRESS OF FA	UNERA:				
	(water H.	folge	el.			970	05 Belai:	r Rd.	, Bal	timo	re, M	d. 21236
CERTIFICATION	ahock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Contact gunshot wound to head DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								Onset and Death			
EDICAL	PART II. Other significant condition				PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? XXXES 2 \(\) NO					
-												
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PL	ACE OF DEATH (Ch	eck only one)			
Si	NO NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER:	g Hom	e 🛣 🕽 📆 Kaldence	6 🗆 Other	(Specify)			
Y PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF (Month, C 7-25-	Day, Year)		WE OF JURY 02PM		URY AT RK? FES 2 XIVO	7.5	infl:			
FED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datermined		of INJURY — At etc. (Specify)		street, fector Home	y, office	•	3049	TION (Street Town, State)			d,Street,
COMPLET	29e. CERTIFIER (Check only one)											
Ö	2XXIII EXAMIN	EH: Un the beele of e	xemination end/	or investigat	ion, in my opi	nion, d	eath occured at the	time, date a	ind place, er	o dua to t	me cause(a)	and manner ee stated.
BE	3915 DICE ATURE AND TITLE OF CERTIFIE	re you	ell.				29c. LICENSE NU	_		29d. DA		(Month, Day, Year) 26–1990
0	30. NAME AND ADDRESS OF PERSON W MARGARITA A. KO		SE OF DEATH (I	TEM 27) (Typ	e, <i>Print)</i>	. Pe	enn Stre	et,Ba	ltimo	re,M	D 212	01 vc
	31. DATE FILED (Month, Day, Year)	sia Davidson	AR'S SIGNATURE									
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AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARY!	AND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) JOSE P H PETE	R	Lohrig	2. DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH		
OR	4. SOCIAL SECURITY NUMBER 2/4-/8-9495 1 M M 2 F 9a. FACILITY NAME (If not institution, give street and number) 5 DEPTON ME	72 YRS. MONTH	DER 1 YEAR FUNDER 24 HRS. S DAYS HOURS MIN. TTY, TOWN OR LOCATION OF		Cou	BALTO. MD		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	611 5. Charles ST		101. ZIP CODE 2/2		U	WHAT COUNTRY?		
×	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Wis DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 1 NO	is. WAS DECENDENT OF NISF if yes, specify Cuban, Mexi 1 PES 2 NO Spe	can, Puerto Rican, atc.)	Ble	ice — American Indian, ack, Whita, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire Carpenter	ne during most of working	Constru				
	17. FATNER'S NAME (First, Middle, Last) Joseph P. Lorhig, Sr.			NAME (First, Middle, Maiden S				
TO BE	19a. INFORMANT'S NAME (Type/Print)		ESS (Street and Number or Run	al Route Number, City or Town,	State, Zip Code)			
F	Plorence Rabold 20a. METNOD OF DISPOSITION 20		Uyneck Road		21221 ATION — City or	Town Slete		
	1 M Buriel 2 Cremetion 3 Removal from State	other place)	emorial Gard		to Co.	Jon Life in		
	21. SIGNATURE OF PUNETAL SERVICE LICENSEE		22, NAME AND ADDRESS OF			Md. 21221		
CERTIFICATION	Sequentially flat conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSEQUENCE OF):	ler the mode of dying, as Den ACC		atory arrest,	Approximate Interval Between Onset and Death 6 NO		
PHYSICIAN: MEDICAL (PART II. Other significent conditions contributing to death Decuy yeur Club		underlying cause given	In Part I. 24a. WAS AN / PERFORI 1 YES 2	WED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Ou		26. PLACE OF DEATN					
BY PHYS	27. MANNEB OF DEATH 1 [P] Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE\$CRIBE NOW IN	JURY OCCURED			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJUE building, etc. (Sp	RY — Al home, farm, street, ec/ly)	factory, offica	28f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examinat					e(a) and manner as stated.		
TO BE (29th HIGHAPOTHE AND TITLE OF CERTIFIER MCUT	mo Affen	day D/	46ZZ	≥ 7/2	ED (Month, Day, Year)		
F	31 ME FILED MONINGER (DEL) 31 ME FILED MONINGER (DEL) 31 ME FILED MONINGER (DEL) 31 ME FILED MONINGER (DEL) 31 ME FILED MONINGER (DEL)	DEATH (ITEM 27) (Type, Print) N D (5. Cho	ler Ste	Balto	Mdz1130		
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TO BE COMPLETED BY FUNERAL DIRECTOR IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH														
Charles C. LaPole Sr.								7 22 1990				6:40 P. M		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR							IF UNDER		7. DATE OF BI (Month, Day)		100	8. BIRTH	IPLACE (State or Foreign	
212 07 57	212 07 5764 1 1 M 2 □ F 84 YRS. MONTHS DAYS					DAYS	HOURS	MIN.	5-10		6		ryland	
9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9	b. CITY,	TOWN	OR LOCATION	ON OF DE	ATH		9c. COL	INTY OF D	
2645 Lel		treet					Bal	timo	re	City		=		
10a. STATE	10b. COUNTY	1			10c. CITY, 1	TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
Maryland	===	===			Ba	ltir	nore							1 X YES 2 NO
10e. STREET AND NUMBER		G 11					10	I. ZIP COO				10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS	Lenman	Street	T 51/50 H	1110 Am	4ED	1		21		NIC ORIGIN? (Sp			U.S	a A a E — American Indian,
1 Never Married 2 🔀	Merried	FORCES? 1	YES	2 X N		1	f yes, sp	ecity Cuba	in, Maxica	in, Puerto Ricen	, etc.)	1 OF NO-	Blac	k, White, etc.
3 Widowed 4 Divo	becau	IF YES, GIVE V	MAN ON DI	AIES			TES	2 X NO	Specin	y: 			Spec	White
15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)		(Gh	EDENT'S US	k done o	CCUPATION	ON ost of working	ng	18b. KINI	OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5	+)		Do NOT use i	,				١,				
6th Grade				1	Roofe	r.					Roof			
17. FATHER'S NAME (First, M Charle		aPole						16. MOT		ME (First, Middle		Surneme)		
19a, INFORMANT'S NAME (от оте		404	MAII INO A	nnesec	/Demar	and Number		Clari		m State 7	In Cortal	
Mabel M.		е		1000	1. 101					Baltime				d 21223
20a. METHOD OF DISPOSIT	ION		200	. PLACE C	OF DISPOSIT								- City or To	
1 🔀 Buriel 2 🗆 Crematic 4 🗆 Donation 8 🗆 Other		oval from Stata		Gle	en Hav	ven	Mem	oria	l Pa	rk	Gl	en B	urni	e. Maryland
21. SIGNATURE OF FUNERA	L SERVICE LI	1 1				22.	NAME A	ND ADDRE	SS OF FA	CILITY				
the	Haro	LCK	Ja	124	1			_		nce Fu				.A. d. 21225
23. PART I. Enter the d									170					Approximete
shock, or h		List only one ce	use on e	ech lins.										Interval Between Onset and Death
disesse or condition	→	· Card	car	an	nest									isumediate
resulting in desth)	,	DUE TO	(OR AS	CONSEO	UENCE OF):									
Comments the tree and the		a arte					?-V	D	ise	AL				30 yrs
Sequentially list conditions if any, leeding to imme	diete	_		-	UENCE OF):									30 yrs
CAUSE (Disesse or Inju		c C.O			UENCE OF):									Logra
that initiated events resulting in deeth) LAS	т	OUE IC	(vn Aa A	JUNIOEU	CENCE OF):									į
		d												+
PART II. Other signification	ent condition	ns contributing to	deeth b	out not re	esulting in	the ur	derlyin	ng ceuse	given in	Part I. 24a	PERFO	AUTOPSY	240	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										10	YES :	2 🗌 NO		OF DEATH?
														1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:				OTHE	R:	- 1		heck only one)				
1 YES 2 NO		1 Inpatient 2		patient 3	DOA 4	_		JURY AT	asidenca	8 Other (Sp		IN HIRV O	CCUBED	
	Pending	(Month,	Day, Year)		INJU	RY M	W	ORK? YES 2	□ NO	Zou. DESCRIE	JE NOW	ooni O	COUNED	
2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY	Y — At hor	me, farm. str	reet, fac				281. LOCATIO	N (Street	and Numb	er or Rumi	Route Number,
4 Homicide	Could not be determined	building	, etc. (Spe	iclfy)	.,, 40	,	,,			City or To	wn, State)		
29e. CERTIFIER 1 X CER	TIFYING PHYS	ICIAN: To the best of	f my know	viedas, da	ath occurred	at the	lme, det	e end place	e, and de-	e to the cause/e) and ma	nner sa st	ated.	
(Oriect Orily														(e) end manner as stated.
29b. SIGNATURE AND TITL	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)													
H. H. Baylus, n.D.														
30. NAME AND ADDRESS C	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
H. H. BAY	H. H. BAYLUS . M.D.													
31. DATE FILED (Month Day, 1990) 32. RESISTRAR'S SIGNATURE Julie Davidson Andree														
วักรี	R 1 195	10 guha	Wayd	401-1	ande									
		-												DHMH-18 Rev 1/89

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	1 - STATE REGISTRAR	SIAIE OF MANT		ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Linst)	1				2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH		
	Beatrice	Lipm			24	90	6:10 a m				
	4. SOCIAL SECURITY NUMBER 086–10–6502	5. SEX 6. AGE	(In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D) 7/6/1	BIRTH Pay, Year)	Coun	HPLACE (State or Foreign try) NEW YORK		
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE COUNTY GEN. HOSPITAL RANDALLSTOWN BALTIMORE										
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT	Y	10c. CT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY		
DIA	MARYLAND I	BALTIMORE		BALTIMO	RE				LIMITS? 1 ☐ YES 2 💢 NO		
FUNERAL	3338 KERRY RD.			1	M. ZIP CODE	207	10	g. CITIZEN OF	WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	s 2 □ X 0	If yes, o	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 M NO Specify: 1. Specify: WHIT.						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5 +)	16a, DECEDENT'S (Give kind of life. Do NOT a	WOULD OCCUPATE Work done during IT received.) HOUSEWI	done during most of working lined.)						
BE CON	17. FATHER'S NAME (First, Middle, Lest) SEYMOUR V	ANDERPORTEN			16. MOTHER'S P	SADIE		name)			
TO B	19a. INFORMANT'S NAME (Type/Print) MRS. SHELLEY BEF	RMAN			and Number or Run		City or Town, S	tete, Zip Code))7		
	20e, METHOD OF DISPOSITION 1 CABurisi 2 Cremation 3 Removal from State 4 Denation 5 Other (Specify) 20e, METHOD OF DISPOSITION (Name of cometary, crematory or other place) MD. FREE STATE POST 167 – JWV ROSEDALE, MD										
	21. SIGNATURE OFFUNERAL SERVICE LI		ب.	SOL 1	ADDRESS OF LEVINSON REISTER	FACILITY & BRO	S., INC	C.			
CERTIFICATION	Approximete interval Between Onset and Death Approximete interval Between Onset and Death Approximete interval Between Onset and Death But To (or as a consequence of): Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of):										
CER.	PART II Other significent condition	d	but not moulting	In the underly	na cours aban	n Bart I	4- WAS AN AIT	TOREY 24	b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIC COMPLETION DO OF DEATH? 1 YES 2										
CIA	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER.	PLACE OF DEATH (
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1- Impatient 2 ER/On 28a. DATE OF INJUR (Month, Day, Year	Y 28b. TI	4 Nursing Ho ME OF 28c. II	me 5 Residence LJURY AT ORIC? YES 2 NO	7'	Specify) Ba		County General		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, oecily)	street, factory, off	set, factory, office 28f. LO			28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLETED	const. orny	BICIAN: To the best of my lon ER: On the basis of examina							(a) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	N .			29c, LICENSE N			9d. DATE SIGNE	D (Month, Day, Year)		
TO B	March Talan	M.D			D388	58 2		71:	24/90		
-	30. NAME AND ADDRESS OF PERSON W	AL-TALIB	BCL14	in Print)	Dass	Gener	00				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAT'S SH	MOLECUPE .								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-18 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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		FOR
1	_	STATE
	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	DIAL OF MARTIE	CERTIF	CATE OF	DEATH	THE I	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH DA	N.	YEAR	3. TIME OF DEATH		
	Margaret	L. Moore	9			July		199		м		
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D			8. BIRTH	IPLACE (State or Foreign		
	212-34-5068	□ M 2 Tr	69 YRS.	MONTHS DAYS	HOURS MIN.	Apri		.192		irginia		
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN C	R LOCATION OF DE				TY OF O			
TOR.	11016 Bird Rive	11016 Bird River Grove Road White MArsh BAltimore										
DIRECTOR	Md. 10b. COUNTY	Saltimore	10c. CITY	r, TOWN OR LOCAT	nite MArs	sh				10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITI	ZEN OF	VHAT COUNTRY?		
빌	11016 Bird River				21162			L	_US/	— American Indian.		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN scify Cuban, Mexica 2 NO Specify	n, Puerto Rici		or No-	Spec	c, White, stc.		
8	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION		USUAL OCCUPATION		16b. Ki	NO OF BUS	SINESS/INC	USTRY			
COMPLETED		College (1-4 or 5+)	life. Do NOT us	Factory	st or working							
8	17. FATHER'S NAME (First, Middle, Last)			<u> </u>	16. MOTHER'S NA	ME (First, Mid	die, Maiden	Surname)				
Ö	Homer Smith					Etta	Mac	Pa]			
H	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	and the best best best best best best best bes						
2	Bobby Wayne Lee	Moore	11/2/200							1d. 21162		
	204 METHOD OF DISPOSITION	206	. PLACE OF DISPOS			VEROSO		CATION —				
	1 Burial 2 Cremation 3 Remova	I from State	other place) Holly Hi									
	21. SIGNATURE OF FUNERAL SERVICE LICEN		HOTTA UI		D ADDRESS OF FA	CILITY		Balti	more	. Md		
	Connelly Fu	nual t	lone	Conne	elly Fune	eral H	ome 3	300MA	.ceAt	re. 21221		
	23. PART I. Enter the diseases, or con			not enter tha mo	da of dying, suc	h es cardie	c or respi	ratory en	rest,	Approximete		
	ahock, or hear distinct. List only one cause on each line. Interval Between Onset and Death disease or condition resulting in death) Due to (or as a consequence of):											
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):										
M	ceuse. Enter UNDERLYING											
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF	F):								
F	resulting in death) LAST											
2						1						
DICAL	PART II. Other algnificant conditions	contributing to gaath to	out not resulting	in the underlyin	g cause given in	Part I. 2	4s. WAS AN PERFOR		241	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
ă						1	YES 2	□ NO		OF DEATH?		
ME						_				1 TES 2 NO		
Ë												
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)						
S		☐ Inpatient 2 ☐ ER/Outp	petient 3 🗆 DOA	OTHER: 4 Nursing Hor	e 5 🗆 Residence	6 🗆 Other (3	Specify)					
PHYSICIAN: ME	27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. 0E\$C	NOH 3BIS	NJURY OC	CURED			
	1 Netural 5 Pending			M 1 🗆								
28e PLACE OF INJURY — At home farm street factory office 28t LOC							ION (Street Town, State)		r or Runal	Route Number,		
	29a. CERTIFIER	Ali Ya sha hash of sur hase	de don ideally service				(-) 4					
COMPLETED	Check only	M: To the best of my know. On the basis of examination								s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CENTIFIER.				29c, LICENSE NUI	MBER		29d, DAT	E SIGNE	O (Month, Day, Year)		
BE	1 in Tolin	u. 7								Juca 90.		
2	30. NAME AND ANDRESS OF PERSON WHO	, , , , , , ,	EATH (ITEM 27) (Type	, Print)	Edfund	1.	1 2		-	10		
	PATOL (ATEL M.)	1952. 11	MINSH.	Huy 1	yare	iun	IN O	1040)	\		
	31. JU [LEG 240/11/1990) 344	a de la constante de la consta	THE OFFICE	,	9							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

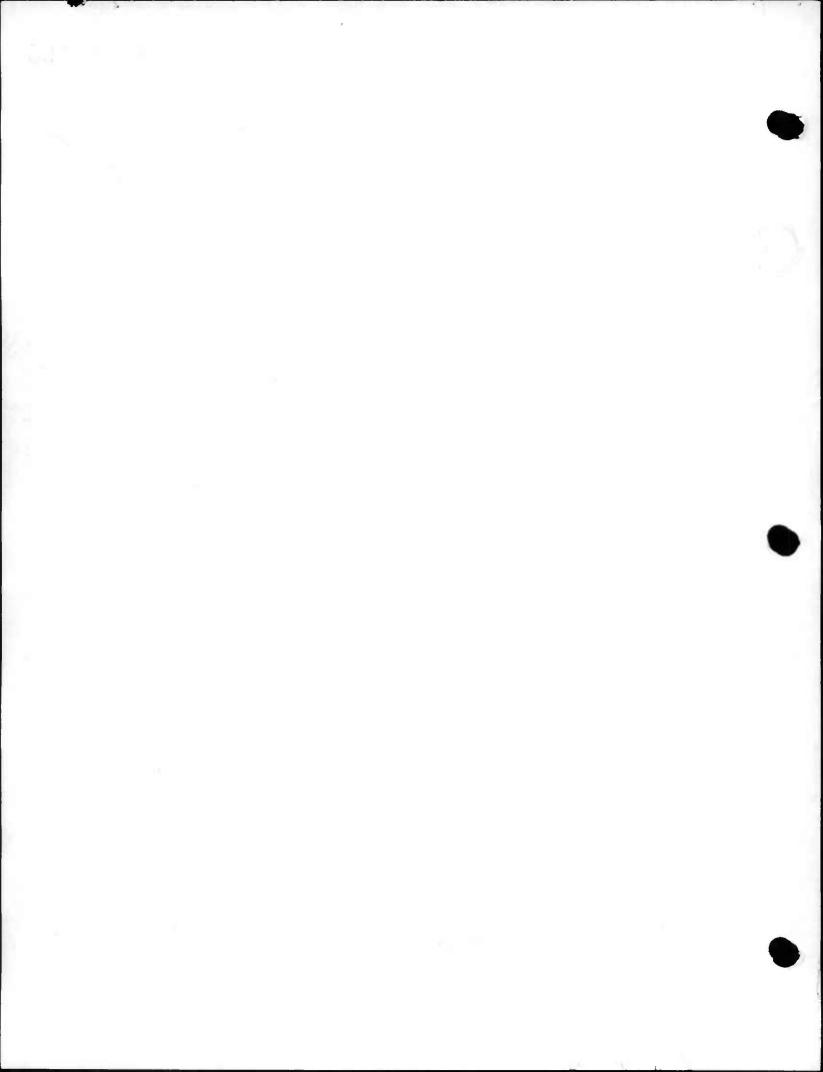
BALTIMORE, MARYLAND 21203-3146

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	death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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	ation	the
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2	State	Item
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) Anna Monroe 2. Date of Death MONTH DAY YEAR 4 DOWN M									
2	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F F 79 YRS. 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) I - 3 - 1 1 M ARY LAND									
TOR	9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md . BALTIMORE 1 YES 2 NO									
FUNERAL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21224 USA									
BY	11. MARITAL STATUS 1									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) LINE WORKER 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY BARTLET AND HAYWARD									
BE COM	17. FATHER'S NAME (First, Middle, Lest) WILLIAM J. DEEMS 16. MOTHER'S NAME (First, Middle, Meiden Surname) ?									
TO B	198. INFORMANT'S NAME (Type/Print) 198. MARGARET MCDONNELL 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 187. MARGARET MCDONNELL 6117 ALTA AVENUE BALTO. MD. 21206									
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 4 Donatton 6 Other (Specify) 20c. LOCATION — City or Town, State PARKWOOD CEMETERY BALTO. CO. MD.									
1	22. NAME AND ADDRESS OF FACILITY KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTIMORE, MD.21224									
	23. PARE I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition positions) One way of the condition of the condition position of the condition of									
DICAL CERTIFICATION	Sequentially list conditions, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ME	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Deligious Completion of Cause 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NO NO NO NO NO NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
BY PHYS	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO									
	2 Accident Investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
Substitute of Could not be determined building, atc. (Specify) 29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER A PORTURE AND TITLE OF CERTIFIER A									
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A Nazemi 100 Broadway Church Hospital									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE.									



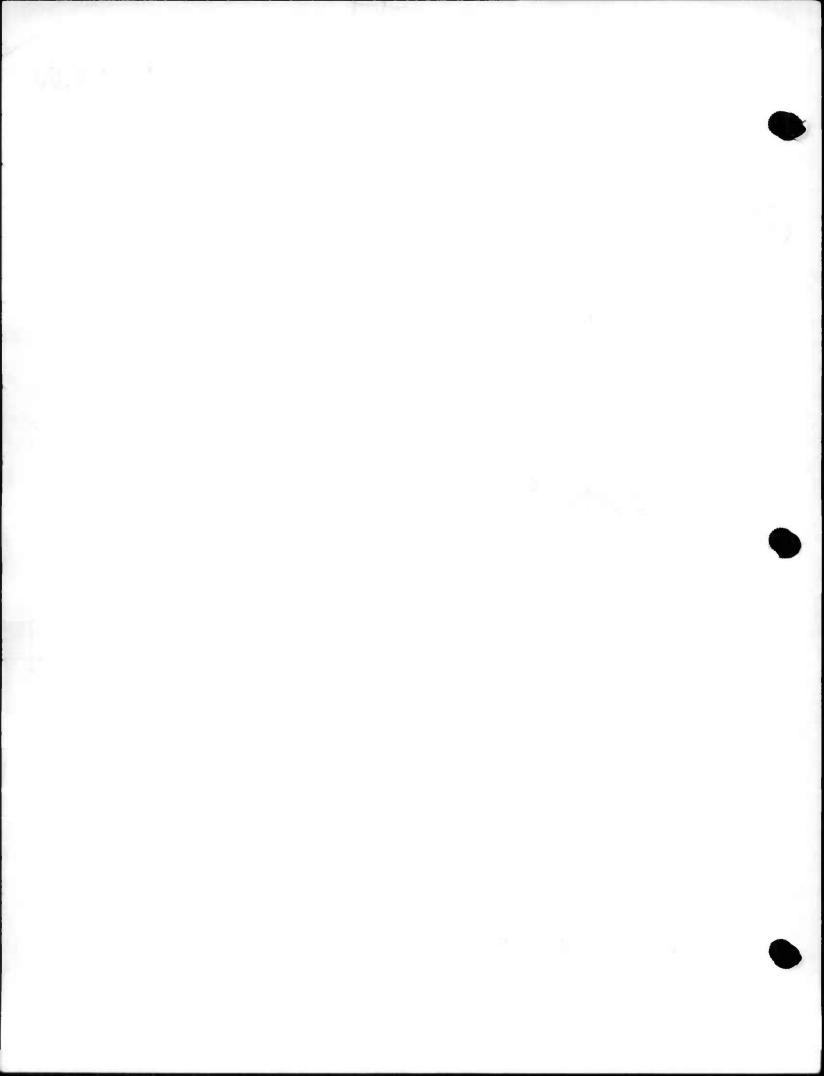
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I LINDING FILLDONIAL, the law requires that the useful continues of exceeds them a read of the remaind of the	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det	
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	FOR STATE OF M	ARYLAND / DEPAI	RTMENT OF H	IEALTH AND M	ENTAL HYG	IENE	30 20457	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		A. Macker		REG. 2. DATE OF DEAT MONTH	Н	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 9	BIRTHPLACE (State or Foreign		
	219 68 1638 1 XM 2 F	MONTHS DAYS	HOURS MIN.	5/25	157	Maryland Y OF DEATH		
TOR	White hall BAY RESIDENCE OF DECEDENT	40	Apoli's		A	A		
DIRECTOR	Maryland Anne Arunde		TY, TOWN OR LOCATED Annapol:				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER		10	f. ZIP CODE		-	N OF WHAT COUNTRY?	
NE	746 North Holly Drive 11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	12 WAS DEC	21401 CENDENT OF HISPANIC	OBIGIN2 (Specif		S.A.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 NO	If yes, sp	ecity Cuban, Mexican, 3 2 NO Specify:			Black, White, etc. Specify: White	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	S USUAL OCCUPATE		16b. KIND O	F BUSINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		iving Mai	nager	0:	ffice Su	pplies	
CON	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME		siden Surname)			
BE	Louis A. Mackenz			Doro		<u></u>		
10	19a. INFORMANT'S NAME (Type/Print) Donna Mackenzie	746	North Ho		Annap	olis, Ma	ryland 21401	
	20e. METHOD OF DISPOSITION 1	OSITION (Name of ce				ocation - city or Town, State en Burnie, Maryland		
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225							
	23. PART I. Enter the diseases, or complications thet shock, or heart feiture. List only one ceut IMMEDIATE CAUSE (Final disease or condition resulting in death)		Neg	ode of dylng, auch	se cerdiec or	reepiretory arre	st, Approximate Interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (DR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEDUENCE DF):							
PHYSICIAN: MEDICAL CE	DART II Other significant conditions contribution to death but not required in the underlying to Deat I are underlying to death but not required in the underlying to the unde							
ä						<u> </u>		
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 2 YES 2 NO 1 Inpetient 2	50/0 to other 10 004	OTHER:	LACE OF DEATH (Chec	V	1,11.40	hall 2	
HYS	27. MANNER OF DEATH 28s. DATE OF	INJURY 28b. TI	IME OF 28c. IN	me 5 Residence 8	Other (Specif) 28d. DESCRIBE I	HOW INJURY OCCI		
ВУ Р	1 Natural 5 Pending (Month, Po	22/GD 16	NJURY W	YES 2 NO	Drown	u whi	le Swimming	
0	2 Sulcide 28e. PLACE OF	FINJURY — Al home, ferm atc. (Specify) A FEV W/	n, street, fectory, offi	C®	281. LOCATION (S City or Town,	Street and Number of State)	Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of examiner: Dn the bests of examiner:	my knowledge, death occu	erred at the time, dat					
BE	29b. SIGNATURE AND TITLE OF CERTIPIER	emo D	eputu	29c. LICENSE NUME	BER 25 CL	29d. DATE	SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHI	SE OF OEATH (ITEM 27) (Ty	po, Print)	I DOGC	T	11/	27/10	
		R'S SIGNATURE	0	2 Minte	rich	210	30	
	1 2 / 1990 Julian	Tavidam Bonda	00					

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	Q.
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1., 3 should be find within 79 hours after death with the State Dest, of Health and Mental Horiere prior to burial, cremation, or removal.	rmit. Pages 1, 3 should
MPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)

1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH		YEAR	3. TIME OF DEATH		
El wood	J.		Moon	on, III				7-24-90 YEAR			2:40AM M		
4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. is		F UNDER 1 Y	_	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign		
231-70-7625	1 M 2 □ F	38	YRS.			HOURS MIN.	7-25-1951 Md.						
	9a. FACILITY NAME (If not institution, give street and number)					CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
202 St. Helena Avenue Baltimore City Balto.													
10a. STATE 10b. COUNT			10c. CITY,	TOWN OR I	OCATIO	DN					10d. INSIDE CITY LIMITS?		
	timore		I	OUnd	alk	Md.					1 TES 2 NO		
10e. STREET AND NUMBER 202 Saint F. 11. MARITAL STATUS 1X Nover Merried 2 Merried					10f.	ZIP CODE			109. CITI	ZEN OF V	VHAT COUNTRY?		
202 Saint H	Ielena Av	e.				21222	,		U.	S.A	•		
11. MARITAL STATUS 1 X Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1					NDENT OF HISPAN			or No-	14. RACE Black	— American Indian, c, White, atc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	YES :	NO Specify	r.			WHI	Ťe		
	CATION	16e, D	ECEDENT'S US	BUAL OCCU	IPATION	v .	186	, KIND OF BUS	INESS/IND	USTRY			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		Give kind of wor le. Do NOT use	rk done duri retired.)	ng mosi	t of working							
High School			Disak	oled			D	isabi.	litv	7			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) High School 17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			_				
	on, Jr.					Joyce	. A.	Bruce	е				
19e. INFORMANT'S NAME (Type/Print)		1				d Number or Rural I							
Joyce A. Hoff	man		41 Sh	nipp	ing	g Place	Ap	t. B 12	DUn	dal	k,Md.21222		
20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Rem	oval from State	other p	place)			etery, cremetory or			CATION —		C. C. C. C. C. C. C. C. C. C. C. C. C. C		
4 Donation 8 D Other (Specify)		Gre	enmou			matory		BA	lto.	N	id.		
21. SIGNATURE OF FUNERAL SERVICE LI	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					ADDRESS OF FA		n Filn	oral	НО	me,Inc.		
4/1/12	4/5/-			2	134	WILLO	w S	pring	Rd.	Dun	dalk Md 21		
resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition HIV POSITIVE	b	R AS A CONS	EQUENCE OF):		MO.	RPHINE 8	x D17	AZEPAM	INTO	XICA	TTON		
resulting in deeth) LAST	resulting in deeth) LAST												
	ns contributing to de	eeth but not	reaulting in	the unde	rlying	cause given in	Part I.	24a. WAS AN PERFOR 1 X X AS	MED?	248	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 \(\triangle \) NO		
AN WAS CASE DEFENDED TO MERCOLI								ne)					
25. WAS CASE REFERRED TO MEDICAL	EXAMINER?												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		FI/Outpatient			9	4.73	0 - 000	ar (opcomy)		OCCURED			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	1 Inpatient 2 I E	JURY	28b. TIME	OF 28	Ic. INJU	JRY AT	28d. DE	SCRIBE HOW I	NJURY OC	CURED			
	1 - Inpatient 2 - E	JURY	28b. TIME INJU	RY	C. INJU WOF 1 Y	PIC?	LIN	JKNOWN					
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. DATE OF IN (Month, Day,	JURY (ber) INJURY — At I	INJU	M	1 Y	ES 2 NO	LIN	JKNOWN			10-10 Manya avenui Mary Land		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. DATE OF IN- CMONTH, Day. 28e. PLACE OF In- Building, at BICIAN: To the best of m	IJURY — At I c. (Specify) y knowledge, o	home, farm, atr	M M meet, factory	WOF 1 Y	ES 2 NO	281. LOI BAL	CATION (Street of Town, State)	and Number	r or flural			
2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMIN	28e. DATE OF IN- CMONTH, Day. 28e. PLACE OF In- Building, at BICIAN: To the best of m	IJURY — At I c. (Specify) y knowledge, o	home, farm, atr	M M meet, factory	WOF 1 Y	ES 2 NO	281. LOO BAL	CATION (Street of Town, State)	ond Number COUN mer ea sta	ted.	e) end manner as stated.		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicident 8 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMIN	28e. DATE OF IN- CMONTH, Day. 28e. PLACE OF In- Building, at BICIAN: To the best of m	IJURY — At I c. (Specify) y knowledge, o	home, farm, atr	M M meet, factory	WOF 1 Y	ES 2 NO	281. LOI BALTI to the ca tima, dat	CATION (Street of Town, State)	ond Number COUN mer ea sta	ted.			
EXAMINER? 1	28e. DATE OF IN- 28e. DATE OF IN- (Month, Day, 28e. PLACE OF building, at HOME: On the best of m ER: On the best of example of the building of	IJURY — At I INJURY — At I c. (Specify) y knowledge, of minetion end/or	injuindent investigation,	met, factory at the time t, in my opin	WOF 1 Y, office	end place, and due	28t. LOO BACO	NKNOWN CATION (Street of or fown, State) ruse(a) and mare and place, an	nner ea sta d due to ti	ted.	e) end manner as stated.		



22. REGISTRATUS SIGNATURE

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-till handled within 72 hours after death with the State Dect. of Health and Mental Houlene orlor to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
< 13146,	e executed with	an and compler	umatic even
0.80)	sertificate b	ling physicia	other tra
S, P.(he death o	the attend Mental H	njury, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the	been signed by	shows any l
VITAL	IAN: The law	rtificate has	or item 23
1 OF	B PHYSIC	or this cer	arked,
/ISION	ATTENDING	ECTOR: After	л 28 із ш
D	PITAL DR	ERAL DIRE	T. if item
	TO THE HOS	TO THE FUN.	IMPORTAN

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF N			RTMENT (ENTAL HYGIEN	E	,	0 2040
1. DECEDENT'S NAME (First, A	Aiddle, Last)	_						2	DATE OF DEATH	v	YEAR	3. TIME OF DEATH
•	Thomas	3	Elder		Na.	lly			MONTH 24-90 M		TEAN	1:50PM M
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.				st birthday)	IF UNDER 1 Y		IF UNDER 24	HRS. 7	Month, Dey, Year)		8. BIRTI- Count	IPLACE (State or Foreign
220-24-5	5712	1 M 2 - F	60	YRS.	MONTHS D	AYS	HOURS	MIN.	JOV. 17, 19	29		ZGINIA
9e. FACILITY NAME (If not inst	itution, give str	eet and number)					R LOCATION		Н	9c. COUN		
8039 Bank		-			EAS	TH	POINT			Bal ⁻	timo	re County
	10b. COUNTY	- 6			Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?
MO.	BAI	TO.		_ 0	EAST	7-6	INI					1 - YES 2 - NO
100. STREET AND NUMBER	RAIN	ST.				101	ZIZ Z	つ江		10g. CITI	ZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	VHD L	12. WAS DECEDEN	A EVER IN II Q AI	PMEO	112 WA	S DEC			ORIGIN? (Specify Yes	or No.	14 BAC	E — American Indien,
Never Married 2 N		FORCES? 1	YES 2	NO	If y	98, SP	ecity Cuban,	Mexican, Specify:	Puerto Rican, etc.)	or no-	Blac	k, White, atc.
Widowed 4 Olyon		KORE	EAN									FITE
	DENT'S EDUC highest grade o		(0	Give kind of	work done dur	UPATIO	ON ast of working		16b. KIND OF BUS	SINESS/INC	USTRY	
Elementary/Secondary (0-1	12)	College (1-4 or 5	+)	B. Do NOT u	ise rearea.)				BETT	t	STE	EL
17. FATHER'S NAME (First, Mid	idle, Last)	NAIIY					18. MOTHE	R'S NAME	(First, Migdle, Melden	Surneme)	BIF	RTSON
190. INFORMANT'S NAME (7/)	pe/Print)	JORCE		Pb. MAILIN	G ADDRESS (S	Street a	and Number or	Rural Ros	ute Number, City or Tow	n, State, Zip	Code)	- 10 > 6
HORAGE	E L		PLLY 20h PLACE	OF DISPO	SITION (Name	L	-18 F. R	27 V	PARKWA 200, LO	CATION -	AUIC City or To	MO_21221
20s. METHOD OF DISPOSITION 1		val from State	other p	risca)/i	TRO (RE	MATE	Ry	INC BI	ALTO		Mo.
21. SIGNATURE OF FUNERAL Conne	lly -	Funer	I Hos	ne	22. NA	ME AI	NO ADDRESS	-	UNETRAL	- Hor	ne,	MACE AVE.
23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Fine disease or condition	art failure. L	list only one ca		ie.			de of dyln(, such	as cardiac or reap	Iratory an	rest,	Approximate Interval Batwee Onset end Deet
resulting in death)	+	l	OR AS A CONSI									
Sequentially list condition if any, leading to immed cause. Enter UNDERLY!	late		OR AS A CONSI	EQUENCE (OF):							
CAUSE (Disease or Injur that initiated events resulting in death) LAST	y 1 '	OUE TO	OR AS A CONS	EQUENCE (OF):							
		l										1
PART II. Other significan	condition	a contributing to	death but not	resulting	In the und	erlyln	g cause glv	ven in P	ert I. 24a. WAS AN PERFOI	RMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									HEAD			XXX YES 2 - NO
25. WAS CASE REFERRED TO	MEOICAL					28. P	LACE OF OE	ATH (Chec	k only one)			
EXAMINER? XX YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	ng Hor	ne X5X Resi	dence 6	Other (Specify)			
	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. T	ME OF 2	W	JURY AT ORK? YES 2		28d. OEŞCRIBE HOW	INJURY OC	CUREO	
3 Suicide a C	nvestigation Could not be letermined	26e. PLACE building	OF INJURY At I	nome, farm	, street, factor	y, offi	CO CO		28t, LOCATION (Street City or Town, State	end Numbe)	r or Rural	Route Number,
Man OFFITTIFIED	IFYING PHYSI	CIAN: To the best of	of my knowledge,	death occu	rred at the tim	e, det	e end place, o	end due to	o the cause(e) end ma	nner ee ata	nted.	· · · · · · · · · · · · · · · · · · ·
onel -	CAL EXAMINE	R: On the besie of	examination end/o	r investigat	tion, in my op	inion,	death occured	d at the ti	ime, date end place, a	nd due to t	he couse	(e) and manner as stated.
296. SIGNATURE AND TITLE	CIP-CENTAME		-70				OCM		BER	29d. DAT		D (Month, Dey, Year) -25-90
9 NAME AND ADDRESS OF	PERSON WH	O COMPLETED CA	USE OF DEATH (IT									
ANN M. DIX	ON MD			111	Penn 9	str	eet.B	alti	more,MD 2	1201		

3. TIME OF DEATH 12:20 A M

6. BIRTHPLACE (State or Foreign

90

THOMAS

4 SOCIAL SECURITY NUMBER

Henry

6 SEY

IF UNDER 1 YEAR IF UNDER 24 HRS.

O CONNOR

6. AGE (In yrs. last birthday)

2. DATE OF DEATH MONTH 2

7. DATE OF BIRTH

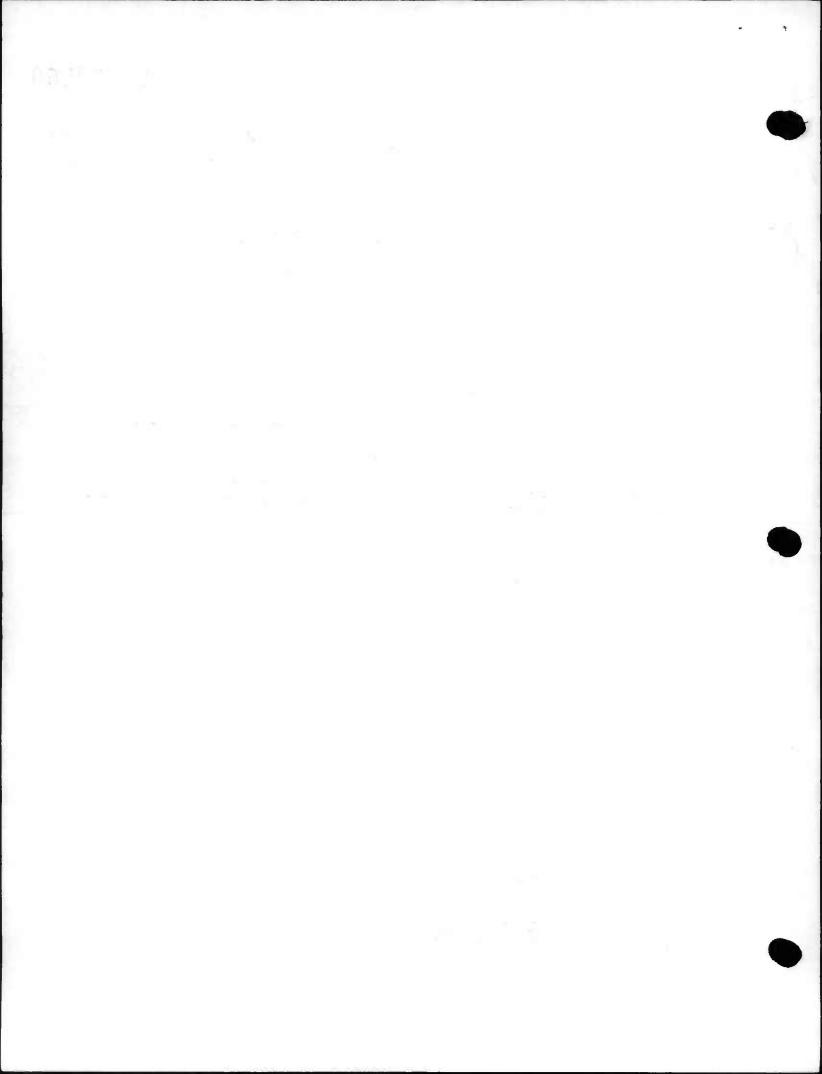
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VITAL RECORDS, P.O. BOX 13146,	IAN: The law requires that the death certificate be executed within 2 and of the control of a may be retained by the hospital or attending physician.	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmission. Asked part of Health and Mental Hydrane prior to burial, cremation, or removal.
F	E	tate
5	AN	tific S.

DIVISION OF

MONTHS DAYS HOURS MIN. w Maryland 1 🖵 M 2 🗌 F Nov. 15,1917 213-18-3694 9a. FACILITY NAME (If not Institution, give street and number) 9c COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR UNION MEMORIAL HOSPITAT BALTIMORE CITY 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Baltimore 1X YES 2 NO MD FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 116 W. University Pkwy. 21210 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES ** 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4 Yrs. Program Mgr. Radio Broadcasting be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) W. Harvey O'Connor, Sr. Rachel Hammen BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Elinor Foster 35 Parliment Ct., Baltimore, MD 20s. METHOD OF DISPOSITION
1 Or DISPOSITION 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State examiner must Druid Ridge Pikesville, MD 21. SIGNATURE OP FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY James F. Burnside Mitchell-Wiedefeld Home, Inc. 6500 York Rd., Baltimore, MD 21212 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest. Approximata ahock, or hasrt failure. List only one cause on each lins. Onset and Death IMMEDIATE CAUSE (Final shows any Injury, or other traumatic event, the Liver Failure
DUE TO (OR AS A CONSEQUENCE OF): disease or condition 1 mouth reaulting in death) Non-alcoholic 15 years PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aigniticant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO OPD COMPLETION OF CAUSE 1 TES 2 NO OF OFATH? 1 | YES 2 | NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 TES 2 NO 9 HOSPITAL OR ATTENDING PHYSICIV FUNERAL DIRECTOR: After this cert within 72 hours after death with the 27 MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 determined 29a. CERTIFIER
(Check only one)

The Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL OF THE FUNERAL OF FILED WITHIN 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTURIER 29d. DATE SIGNED (Month, Day, Year) BE 90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Union Memorial Hospita D. MARTIN MICHAEL Julia Bullaton And Annature



FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

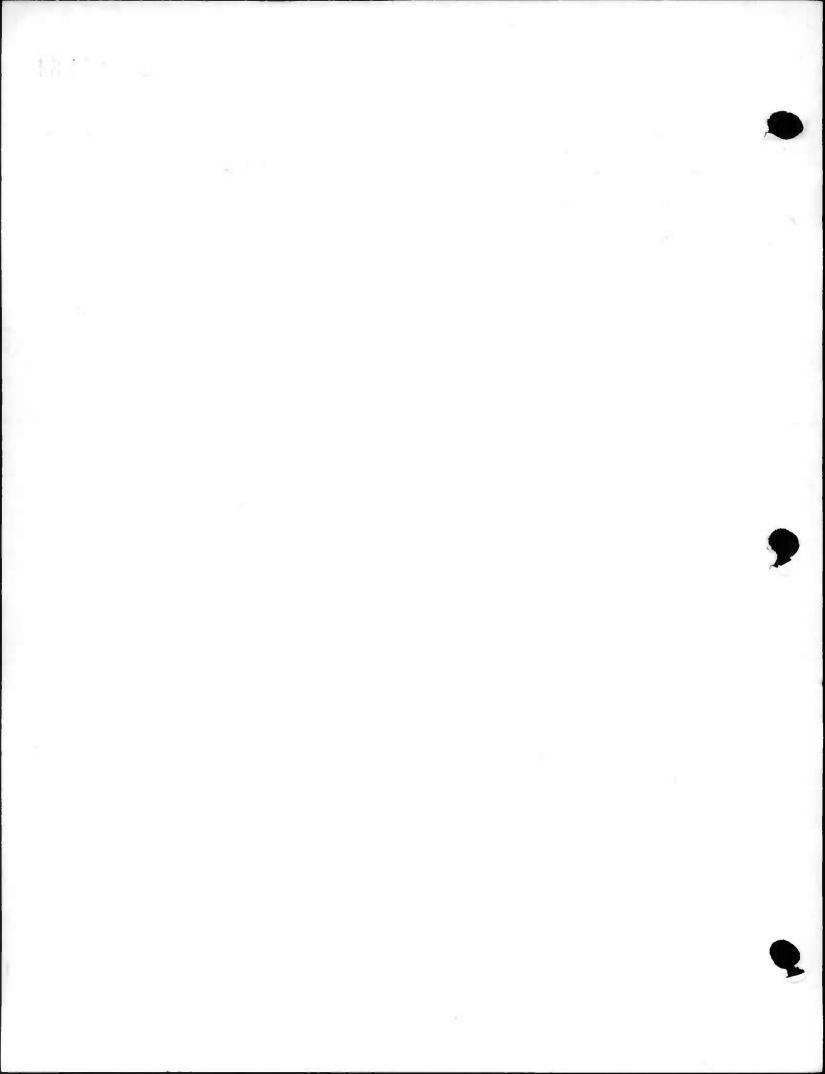
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ANNE B. OSTR	OWSKY		2. DATE OF D MONTH JULY	24	year (990 11:10 Am			
	220-40-9470 10 M2 DF	B. AGE (In yrs. last bifthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF B (Month, De	-109	6. BIRTHPLACE (State or Foreign Country) MARYLAND			
TOR		ALTIMORE	96. CITY, TOWN OR LOCATION OF E	C 17	9c. COU	NTY OF DEATH			
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION ALTIMORE	CIT4		10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO			
	100. STREET AND NUMBER 5911 SIMMONDS	AVE	101. ZIP CODE	5	10g. CIT	ZEN OF WHAT COUNTRY?			
BY FUNÉRAL	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 YO Spec	an, Puarto Rican	pecify Yea or No-	14. RACE — American Indian, Black, Whita, atc. Specify: WHITE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	ISUAL OCCUPATION ork done during most of working	16b, KIN	D OF BUSINESS/INI	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		JSEWIFE		AT H	OME			
	17. FATHER'S NAME (First, Middle, Last)	DIGUO	18. MOTHER'S N	AME (First, Middle	e, Malden Sumame)				
BE	BENJAMIN 190. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rura	I Route Number, C	ROSE Otty or Town, State, Zij				
2	MRS. BARBARA SHERR		VERBENA RD. B			21209			
	20a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	other place)	TION (Name of cametery, cramatory or TFILOH			City or Town, State			
	21. SIONATURE OF FUHERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF SOL LEVING	SON & B		_			
	23. PART I the shapese, or complications that shock, or heart feilure. List only one cause IMMEDIATE CAUSE (Finel disease or condition	caused the death. Do not be on each line. PTIC SHOOL	ot enter the mode of dying, su	ch as cerdiac	or reapiretory ar	rest, Approximate Interval Between Onset and Death			
z	INTRACTABLE METABOLIC ACIDES IS								
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
	PART II. Other significant conditions contributing to o	death but not resulting in	n the undarlying ceuse given i	n Part I. 24	. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
EDICAL				1[YES 2 NO	COMPLETION OF CAUSE OF DEATH?			
Σ						t YES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (COTHER:						
/ PHYSICIAN:	27. MANNER OF DEATH 1 Matural 5 Pending 28s. DATE OF (Month, De		4 Nursing Home 5 Residence OF 28c, INJURY AT WORK? M 1 YES 2 NO		BE HOW INJURY OC	CURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF building, a	INJURY — At home, farm, strc. (Specify)	treet, factory, office		ON (Street and Number own, Stete)	or or Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the best of ax								
TO BE C	29h BIONATURE AND TITLE OF CERTIFIER SUIZE &	. INTERN, I		UMBER	29d. DA	TE SIGNED (Month, Day, Year) 7 24 90			
F		BALTIMOR		AMIN	PELII	PE			
	the state of the s	R'S SIGNATURE							
	1111 2 7 1990 Julia Varidon	monach				DHMH-16 Rev 1/89			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within The THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The second	9	9	E
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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31. DATE FILED (Month, Day Mar)

32 REGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1990 YEAR 3. TIME OF DEATH 647 A WALTER JOSEPH OSZAKIEWSKI 7 26 6 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. OCHIOTHI Day, War 13 4. SOCIAL SECURITY NUMBER 5. SEX 6. BIRTHPLACE (State or Foreign 217 03 0616 76 YAS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF OEATH UAMC Beltmore and Lock Reven Blod DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD 1 YES XX NO AA Glen Burnie FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17 Willowdale Ave 21061 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Morried 2 Wherried IF YES, GIVE WAR OR OATES specify:White 1 TYES 2 NO Specify BY 3 Widowed 4 Divorced WW II ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 6 Slip Cover Manf. XXXXXXXXX Foreman 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) स्र Frank Oszakiewski Michalalina Frankowska BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Marjorie J. Oszakiewski same as 10 pe 20g METHOD OF DISPOSITION
NA Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- Cify or Town, State must Glen Haven Mem. Pk. Glen Burnie, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Singleton Funeral Home Vente Glen Burnie. MD 23 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Finel** Asystole due to 6 BP DUE TO 60 AS A CONSEQUENCE OF: disesse or condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF). CERTIFICATION Sequentially list conditions, MISMS if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) PREVIOS MI CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) or item HOSPITAL:
1 Pinpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 Netural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide item 28 is COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mgnth, Day, Year) BE 7/26/90 Will 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Dept. of Med. U. of md 22 S. Greene St. William DiBula Balt. Md

Maria and Charles Francis

TO BE COME	TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremillion, or removal
is trained director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wed in by the temperal director, page 5 should be detached
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BALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MENT	AL HYGIEN REG. NO	_		
ļ	1. OECEOENT'S NAME (First, Middle, Last) OSEPHINE PAZD2	ZIORKO							2. DA 7 ^{MO}	TE OF OEATH	NY S	3. 90	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	URITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTY 1 M 2 X F 6 YRS. MONTHS DAYS HOURS MIN. 3 - 1 9 - 3							TE OF BIRTH onth, Day, Year) 19 - 30	М	Country)	ACE (State or Foreign	
R.	9a. FACILITY NAME (If not institution, give s 2436 FLEET STRE				ı	-	ORE	ON OF OR	EATH		9c. COUN	TY OF DEAT	Н
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v		10c CIT	Y, TOWN (OR LOCAT	ION					100	d. INSIDE CITY
DIRECTOR	MARYLAND	•			LTIN	10RE	(1)251					1	LIMITS?
FUNERAL	100. STREET AND NUMBER 2436 FLEET STRE	EET				1000	122				USA		T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Otvorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	WED O	13.	WAS DEC If yes, spi 1 TYES	ENDENT Cooking	OF HISPAN In, Maxica Specify	NIC ORI in, Puer y:	GIN? (Specify Yes to Rican, atc.)	or No—	14. RACE — Black, W Specify: WHIT	American Indian, /hita, atc.
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 YEARS	CATION completed) College (1-4 or 5 +	(Gh He.	CEDENT'S We kind of Do NOT U	USUAL O work done se retired.)	CCUPATIO during mo	ON at of workin	ng		16b. KINO OF BU	SINESS/INDU	JSTRY	
	17. FATHER'S NAME (First, Middle, Last) FELIX KULESZKA	4	IIIO	LITT	KLIK		18. MOT			at, Middle, Malden			
TO BE	190. INFORMANT'S NAME (Type/Print) MR. ALOYSIUS PA	AZDZIORK								umber, City or Tow			224
	20a. METHOO OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		20b. PLACE of other pla	OF DISPO	SITION (N	me of cer		matory or		20c. LO	CATION — C	ity or Town,	State
	21. IGNATURE OF FUNERAL SERVICE LI	CENSEE			K22	NOME OF	ROW	SKI	CILITY	NERAL			
	airmond To.	there	unna	in	25	25	FLE	ET S	STR	EET BA	LTO.	MD.	21224
-	23. PART i. Enter the disesses, or ahock, or heart failure.	complications that List only one cau	csused the de	ath. Do	not enter	the mo	de of dy	ing, auc	h aa c	ardiac or reap	iretory arre	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTZ RESPIRATOR FAILURE Onset and Death												
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	BB	E SUENCE O	5 7	7	7	,					
CERTIFICATION	that initiated events reaulting in death) LAST	d.	OR AS A CONSEC	DUENCE O)F): '		/						
	PART II. Other aignificant condition	ns contributing to	desth but not r	esuiting	In the u	nderlyin	g csuse	given In	Part I	. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
EDICAI										1 TYES		C	OMPLETION OF CAUSE F DEATH?
Σ												1	YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF	DEATH (Ch	heck onl	y one)			
14Si	1 YES 2 NO	1 Inpatient 2 I		DOA 28b. TH	4 🗆 Nu	rsing Hon	10 5 □ R	ealdence	_	Other (Specify) DESCRIBE HOW	INJURY OCC	URED	
BY P	Netural 5 Pending Investigation	(Month, D		IN	JURY M	1 🗌	YES 2	NO					
03	3 Suicide 8 Could not be 4 Homicide determined	25e. PLACE Of building,	etc. (Specify)	mel Parmy	H	tory, offic	ea .			LOCATION (Street City or Town, State		or Runel Rou	te Number,
COMPLET	TOTACK OTHY	ER: On the basis of a											nd menner as stated.
BE CC	SOO GIGHAPORE AND TITLE OF CENTIFIE	1					290 110	ENSE NU	MBER	n)	29d. DATE	SIGNEO (M	fonth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WI	1					11/		1		/	1	/ / / -

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BALTIMORE, MARYLAND 21203-3146	24 hours after death, Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit metion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed witthin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit normal. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF HEARTIFICATE OF DI		AL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First Middle, Last) 4. SOCIAL SECURITY NUMBER 7.30 2.098 19	S. SEX 6. AGE (19 175 Jant b)	HILL P S	MON:	E OF BIRTH	S. BINTHIPLA	INTERPRETATION
DIRECTOR	9a. FACILITY NAME (If not institution, give size #2 Hill Court RESIDENCE OF DECEMENT		96. CITY, TOWN OR LE	OCATION OF DEATH		DWA	ry)
- 11	100 STREET AND NUMBER	JUARD	10c. CITY, TOWN OR LOCATION	CODE	10g. C		I. INSIDE CITY LIMITS? YES 2 NO COUNTAY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify	ENT OF HISPANIC ORIG Cuben, Mexican, Puerto 7NO Specify:	IN? (Specify Yes or No— Ricen, etc.)	14. RACE — Black, Wi Specify:	American Indian, hite, atc.
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Give	DENT'S USUAL OCCUPATION kind of work done during most of o NOT use refred.)	working	s kind of Business/ Beer Distr		
TO BE CO	17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (Type/Print)	ALBERT P	HATLLIS 18. WAILING ADDRESS (Street and A	LONA	Middle, Melden Surname LOUIS mber, City on Town State	E Fur	long
	20e. METHOD OF DISPOSITION Disposition Committee	Lewinsv	ille Presby.		20c. LOCATION ry McLean,		
	23. PART I. Enter the diseases, proc	7	Money 8	King View Maple Ave	nna Funera Vienna	Virgin	
		lat only one cause on each line. CORDUR DUE TO (OR AS A CONSCOU	PRY AR	TERY 1)ISEAS	E	Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU					
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions OBST RU	CORCINON	ulting in the underlying of LMN N HR	DIS,	24s. WAS AN AUTOPS PERFORMED? 1 PES 2 NO	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:		her (Specify)	•	
B	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At home building, etc. (Specify)		2 NO 281. LC	ESCRIBE HOW INJURY (DCATION (Street and Num by or Town, State)		Number,
COMPLETED	CONSUM ONLY	EIAN: To the best of my knowledge, deat :: On the basis of examination end/or in					nd manner as stated.
TO BE C	38. NAME AND ADDRESS OF PERSON WHO	QUILD MY	20 (Type, Print)	2990	Py 29d. €	ATE SIGNED (M.	290
	31. DATE FILED (Month, Day, Year)	UREL 950 32. REGISTRAR'S SIGNATURE	DI OLD A	NNAPO	ILIS RI) E	MOZOU
	jul 27 1990 g	tidia Davidson-Aandelle	and a				

3. TIME OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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RECORDS, P.O. BOX 13146,	The same of the sa
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JULY 1990 HENRY EUGENE PFEIFFER 23 12:20P -A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 | F 217-07-8672 9 Jan. 1919 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Homewood Hospital Baltimore City Baltimore City 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Baltimore City YES 2 NO Baltimore City FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? burial-transit 21218 2704 Mathews Street USA death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Merried If yes, specify Cubsn, Mexican, Puarto Rican, etc.) 1 TYES 2 NO IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced page 5 should be detached for use as the White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Collegs (1-4 or 5+) 6th None Railroad Pipefitter Penn Central Rail Road once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Harry W. Pfeiffer BE Carrie Lee Lovns 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frances Pfeiffer as 10 ETTETTE

20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other State Same pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION - City or Town, State must director, Donation 5 - Other (Specify) _ Cedar Hill Cemetery Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral SINGLETON FUNERAL HOME amie SECOND AVE. S.W., ion or removal. GLEN BURNIE. medical 23. PART I. Enter the diseases, or complications that caused the death. Bo not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock or heart failure. List only one cause on each line. Interval Batween 0 Onset and Deeth IMMEDIATE CAUSE (Final cremation, the disesse or condition completely resulting in daeth) traumatic event, nding physician and con Hygiene prior to burial, CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 signed by the atter Health and Mental shows any injury, PART il. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part i. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL **AVAILABLE PRIOR TO** COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? lellilus 1 TYES 2 NO peen Dept. of 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one this certificate h Item EXAMINER? the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED marked. 1 Netural 6 Pending М 1 YES 2 NO L OR ATTENDING PI L DIRECTOR: After the P hours after death v BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicids 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) -00 6 Could not be 4 Homicide 28 determined Щ Item 29a. CERTIFIER
(Check only one)

ASSIGNATION OF A MANUEL OF A MANU COMPL FUNERAL I MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, 29b. SIGNATURE AND TITLE OF CERTIFIER BE THE THE Bled Myrcian 2 2 3 2 SS OF PERSON WHO COMPLETED CAUSE OF GEATH (MEM 27) (Type, Print) -1D10. 32. REGISTRAR'S SIGNATURE a Savidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

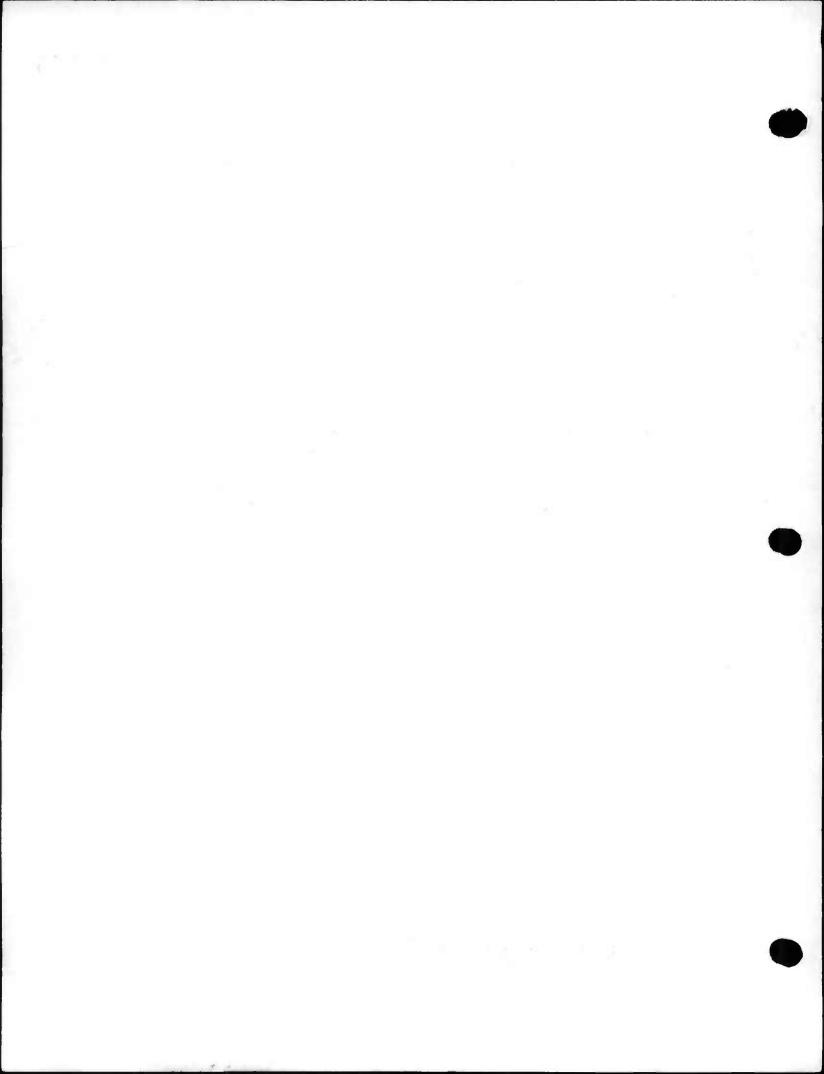
2. DATE OF DEATH

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)			S	2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
BARB	ARA		ROSS	MONTH 15-9	0' '=^'	4:15PM M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	/ /	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	48 8. BII	RTHPLACE (State or Foreign unitry)
9a. FACILITY NAME (If not institution, give st	reet and number)	9	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY O	F DEATH
29 Temon Court					Baltin	ore County
RESIDENCE OF DECEDENT						Total Water
10a. STATE 10b. COUNTY	+ Couple		TOWN OR LOCATION	_		10d. INSIDE CITY LIMITS? 1 YES 2 NO
29 ILLU	· Cou	rt	101. ZIP CODE		10g. CITIZEN O	S H
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISP It yes, specify Cuban, Mex		s or No- 14. R	ACE — American Indian, lock, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 ☐ YES 2 ☐ NO Spe		5	Slack.
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	E down during most of worthing	166. KIND OF B	/SINESS/INDUSTR	Y .
Elementery(Seppendagy (ph2)	College (1-4 or 5+)	In to high was	2 Service	e too	din	dustres
17. FASTHER'S NAME (First, Magnin, Last)	255 87.		18. MOTHER'S	RAME (First, Vision, sharp	Sumanue)	
TOO. IMEGINGANT'S NAME (THOUSAN)	5	196. MAILING AL	States (Singul and Humpaylightus VSD VD TH	el Fronte Mumbel Elity or To	1111	21225
20s. METRIOD OF DISPOSITION 1 Description 2 Commention 3 Rem 4 Donnellon # Other (Specify)	ovel from State 200.	PLOTE OF DISPOSIT	ON Olarge of Semanal commatory of	100	DOATION - City o	Town, State
21. SIGNATURE OF UNERAL SERVICE LIC	ENGEE /	1.	22. NAME AND ADDRESS OF	FACILITY S	4100	Auce.
Turnell	00	ler	192527	778	212	17
23. PART i. Enter the diseases, or abook, or heart fallure.	complications that caused List only one cause on as		enter the mode of dying, s	uch ee cerdlec or ree	piretory arrest,	Approximate interval Between
IMMEDIATE CAUSE (Fine)	and only one order on as	or mu.				Onset and Death
disease or condition regulting in death)	FATTY METAN	ORPHOSIS	OF THE LIVER	WITH EARLY	DNFIMON	TA
resulting in death,		CONSEQUENCE OF):	OI IIII DIVER	Wall Dina.	TINDOTION	***
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Sequentially list conditions, if any, laeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
cause. Enter UNDERLYING	C.					
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
resulting in daeth) LAST	a .					
	u					
PART II. Other aignificant condition	e contributing to death be	ut not resulting in	the underlying cause given		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				XXXXX	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?
						XXXXXES 2 NO
					- 1	XAX -
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)		
EXAMINER?	HOSPITAL:		OTHER:			
1)∑DSS 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp				V IN HIRV COCHEC	
1) Nstural 0 Pending	(Month, Day, Year)	26b, TIME INJUI	RY WORK?	26d. DEŞCRIBE HOV	FINJURY OCCURE	D.
2 Accident Investigation			10 123 20 10			
3 Suicide 6 Could not be 4 Homicide datarmined	26e. PLACE OF INJURY building, etc. (Spec		eet, factory, office	26t. LOCATION (Stree City or Town, Sta		iral Route Number,
Chock Only			at the time, data and place, and in my opinion, death occured at			use(s) and manner as stated.
296. SONATURE AND TITLE OF CENTURE		-3-2 1/37-3/11	29c, LICENSE			NED (Month, Dey, Year)
LAN 2	Som		OCM		>	7-16-90
JONAME AND ADDRESS OF BURSON W	/		Penn Street,B	altimore M	21201	VC
ANN M. DIXON, MI 31. DATE FILEO (Month, Day, Year)	1990 Julia Da	ATURE TIL	reini buteet, b	TI CIUNTE IM	, 21201	VC
II III 97 :	1991) guiarda	mason-Nand	406			



FOR STATE REGISTRAR		STATE OF !					DEATH AND	MENT	REG. NO.		30	2046
1. DECEDENT'S NAME (First) CLEVELAND	R . F	ROBINSON							TE OF DEATH	199	VEAR	time of DEATH
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs	s. last birthday)	IF UNDER		IF UNDER 24 HRS.		TE OF BIRTH onth, Day, Ybar)			LACE (State or Foreign
213-32-567	7 1	1√√ M 2 □ F	53	YRS.	MONTHS	DAYS	HOURS MIN.	10	0-16-36	5	Country	VA.
90. FACILITY NAME (If not in THE JOHNS H			L				RE CITY	EATH		BALT.	IMORE	ECITY
RESIDENCE OF DEC	10b. COUNT	γ		10c. CIT	Y. TOWN C	OR LOCAT	TION				Ti	IOd. INSIDE CITY
MD	100. 000111				LTI			Υ			1	LIMITS?
10e. STREET AND NUMBER						10	f. ZIP CODE					IAT COUNTRY?
1515 N.	ELL	WOOD A					21213	}		l	JSA	
11. MARITAL STATUS 1 Never Merried 2	Manufact	12. WAS DECEDER	NT EVER IN U.S				CENDENT OF HISPA			or No-	14. RACE - Bleck,	- American indien, White, atc.
3 Widowed 4 Divo	orced	IF YES, GIVE	WAR OR DATES				Speci				Specify:	BLACK
	EDENT'S EDU ly highest grade		164	(Give kind of life. Do NOT u	work done	during me	ON oat of working		16b. KIND OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (to 11th	0-12)	College (1-4 or 5	+)	COOK	,							
17. FATHER'S NAME (First, M	fiddle, Last)						10.	-	st, Middle, Maiden			
UNKNOWN 190. INFORMANT'S NAME (Time/Drint)			10h MAN INV	ADDRES	C /Dimet	ROSA		E ROBII		Code	
	WASH I	NGTON					M AVE					1213
20e. METHOD OF DISPOSIT 1 X Burlet 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	noval from State	20b. PL M T	er piace)	SITION (NO		metery, cremetory or EMETERN			CATION — C		
21, SIGNATURE OF FUNERA		CENSEE					ND ADDRESS OF F					
- One	ssa (oad			WI	M.C	. MARCH	I F	.н. 110	01 E	. NO	RTH AVE.
23. PART I. Enter the d	liseasea Dr											
The state of the s	aart fellure.	List Dnly Dna ca			not antar	r tha mo	oda of dying, au	ch as c	cardiac or respi	ratory arre	eat,	Approximata interval Between Onset and Death
shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in deeth)	naart fellure. nai	List Dnly Dna ca	use on aach	line.				ch as c	cardiac or respi	ratory arre	eat,	interval Between
IMMEDIATE CAUSE (Fi	naart fellure. nai	a. MYOC	ARD/	NSEQUENCE C	UFA	ارد	TION		cardiac or respi	ratory arre	eat,	Interval Between Onset and Death
IMMEDIATE CAUSE (FI disease or condition resulting in deeth) Sequentially list condition	naart fellure.	a. MYOC DUE TO	ARD/	IIIne. AL // INSEQUENCE C	UFA PA: TER'	ارد	TION		cardiac or reepi	ratory arre	eat,	Interval Between Onset and Death
IMMEDIATE CAUSE (FI disease or condition resulting in deeth) Sequentisity list condit if any, leading to imme ceuse. Enter UNDERLY	tions, ediete	a. MYOC DUE TO DUE TO DUE TO	O (OR AS A CO	IIIne. AL // INSEQUENCE C	UFA PP: TER'	ارد	TION		cardiac or reepi	ratory arre	pat,	Interval Between Onset and Death
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BALTIMORE, MARYLAND 21203-31 Mus after death. Page 6 may be retained by the hospital of attending

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

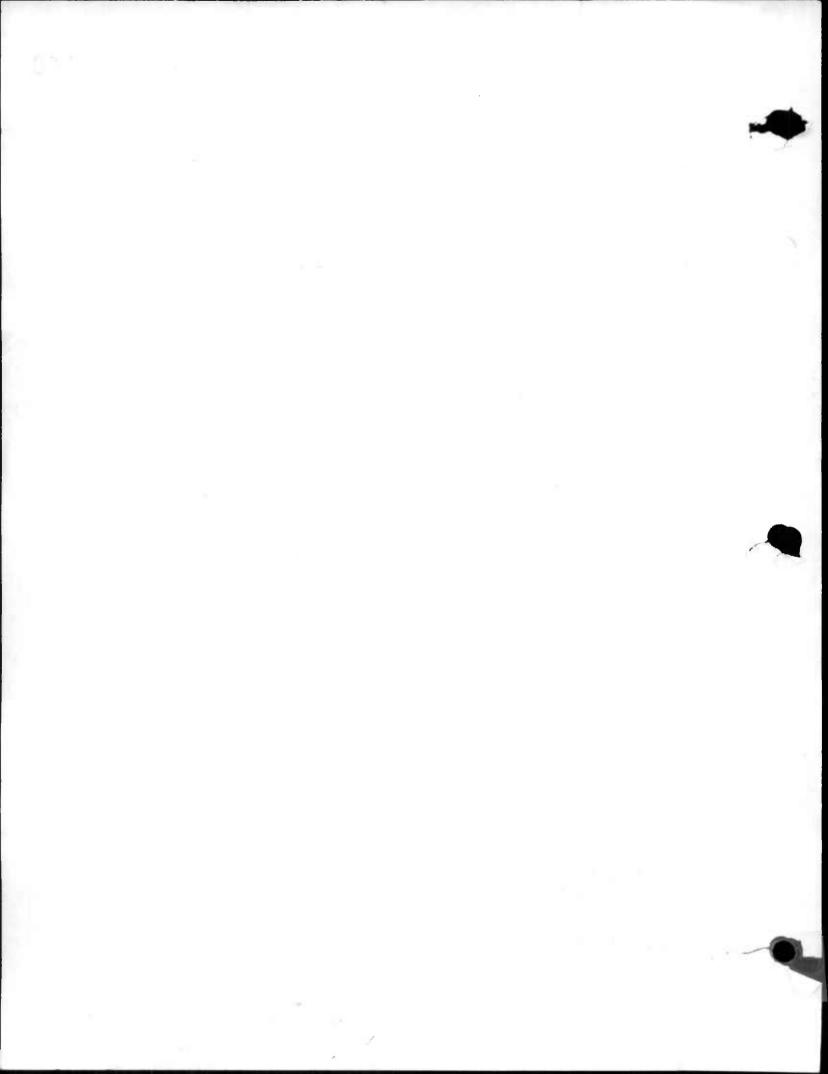
DHMH-16 Rev 1/89

n Les s

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fundamental page 6 may be retained by the hospital or attending physical TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar-libe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremidion, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIME OF DEATH	
							nso	n,III	7-24-90 YEAR			HAST	5:30PM M	
4. SOCIAL SECURITY NUMBER	BER						YEAR	IF UNDER 24 HRS.	7. DATE O				PLACE (State or Foreign	
214-88-12	209 x 2 M 2 □ F 19 YRS. 4-1					13-71								
9e. FACILITY NAME (If not in	stitution, give st	treet and number)	-		1	9b. CITY, 1	OWN C	R LOCATION OF DE	ATH		9c. COUNT	Y OF DE	HTA	
1600 N. Ro	se Str	eet					Bal	timore C	ity					
RESIDENCE OF DEC	10b. COUNTY				10c. CITY.	TOWN OR	LOCAT	ION				T	10d, INSIDE CITY	
MD	IVE COUNTY	•						E CITY					LIMITS?	
10e. STREET AND NUMBER					DA	<u> </u>	_	ZIP CODE			10g. CITIZE		HAT COUNTRY?	
1731 NOR1	א איז	ער איני איני	ית וזו ו ו יח	7			"	21213				SA		
1600 N. RO RESIDENCE OF DEC 10a. STATE MD 10a. STREET AND NUMBER 1731 NOR1 11. MARITAL STATUS 100 Sever Married 2	11 12 1 1	12. WAS DECEDER	NT EVER IN	U.S. ARN	IED	13. W	S DEC	ENDENT OF NISPAN	IC ORIGIN	? (Specify Yes		4. RACE	- American Indian,	
		FORCES?			0			2 TNO Specify		licen, etc.)		Black, Specifi	, White, atc.	
3 Widowed 4 Divided 15. DEC (Specify on Elementery/Secondary (10th Grad	orced	,,	on or					- w upout)					BLACK	
15. DEC	EDENT'S EDUC	CATION completed)		16e. DEC	EDENT'S U	SUAL OCC	UPATIO	ON st of working	18b.	KIND OF BUS	INESS/INDU	ISTRY		
Elementery/Secondary (0-12)	College (1-4 or 5	+)					at of working						
10th Grad	le			Un	emp1	oyec	₹							
17. FATHER'S NAME (First, A								18. MOTNER'S NA	ME (First, A	Alddle, Malden	Sumame)			
Russell 3		inswII.	I					Judy						
19e. INFORMANT'S NAME (196	MAILING /	ADDRESS	Street e	nd Number or Rural I	Route Numb	oer, City or Town	n, State, Zip (Code)		
JULIA STR	RAUGHI	ER						L ROAD/	'BAL	_				
20e. METHOD OF DISPOSIT	ION on 3 - Rem	oval from State	20b	other pla	Ce)	,		netery, crematory or		200	CATION — C			
4 Donetion 8 Dothe	r (Specify)		_				_	PK. CEM		RY A	RBUT	US.	MD	
21. SIGNATURE OF FUNER	AL SERVICE LIC	ENSEE ()				22. N	AME AI	ND ADDRESS OF FA	CILITY					
1 VANI	8/4 (Jack				WI	1. C	. MARCH	FIH	. 110	7 F.	NOR	TH AVE.	
23. PART I. Enter the													Approximate	
		List only one ca	use on e	ach line.									Onset and Deeth	
IMMEDIATE CAUSE (Fi		. Gunsho	+ 1.10	barr	of at	neet								
reaulting in death)	7				UENCE OF									
Sequentially list condi if any, leading to immo cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:		DUE TO	O (OR AS	A CONSEC	UENCE OF):								
cause. Enter UNDERLY	ING	C												
CAUSE (Disease or inj that initiated events		DUE TO	O (OR AS	A CONSEC	UENCE OF):								
resulting in daeth) LA	ST	d												
	ent condition	na contributino t	o daeth b	but not n	esulting in	n the unc	lerivin	g causa given in	Part I.	24s. WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS	
The state of the s			till b					g	71	PERFOR	MED?	-11	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
PART II. Other eignific										XXZ YES 2 ☐ NO			OF DEATH?	
									—				YES 2 NO	
25, WAS CASE REFERRED	TO MEDICAL						2A D	LACE OF DEATH (C)	heck only o	nel				
EXAMINER?	MEDICAL	HOSPITAL:	□ en:a :		O no.	OTHER				-	Scene			
1 YES 2 NO		1 Inpatient 2		patient 3	28b. TIME	_		JURY AT	_	SCRIBE NOW I		URED		
1 Newtons 2	Pending	(Month,	Day, Year)		INJ	JRY	W	YES 2 NO						
2 Accident	Investigation	7-24-		V _ At bo	5:20		_			ject s		or Rural ^s	Route Number	
9 Gulolda	Could not be determined		g, alc. (Spe		ire, idilli, B				City	or Town, State,				
								reet					et,Baltimore	
29e. CERTIFIER (Check only 1 CE								e end place, and du					NAC CARLOS OF PERSON	
one) X3-5-XE	DICAL EXAMINI	ER: On the basia of	examination	on end/or	investigation	n, in my o	olnion,	death occured at the	e time, date	e end place, er	nd due to the	e ceuse(e	e) end manner as stated.	
2964 BIGNATUREJAND TITL	BOF CERTIFIE	ER						29c. LICENSE NU			29d, DATE		(Month, Day, Year)	
10.111	Oler	/						OCI	ME			/-	24-90	
	200000	NO COMPLETED CA	USE OF D	EATH (ITE				a:	D 3		MD C	1001		
JAMES KAI						111	?en	n Street	,Balt	imore	,MD 2.	1201	. VC	
JUL 2 7	y, Year)	32. REGIST	RAR'S SIG	NATURE	7.									
	70.10.00	YUMA WAVIE	1301V-/\	MAN	_									



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aw.	las.
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	SPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 years after death. Page 6 may be	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page

A 16 MASST 31. DATE FILED (Month, Day, Year) JUL 27 1990

Luis

K	es 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builting the state begring the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builting. Or Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	A									90	20409
	FOR 1 - STATE REGISTRAR	STATE OF MARY				EALTH AND DEATH	MENTA	L HYGIEN REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE	E OF DEATH	AY	YEAR 3.	TIME OF DEATH
	Mary .	Cather	ine _ S	chleu	nes		Jul		199		0117 "
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AG	SE (In yrs. last birthday	-	1 YEAR	IF UNDER 24 HRS.	(0.4	E OF BIRTH		S. BIHTHPLA Country)	ACE (State or Foreign
	219-05-0147	1 🗆 M 2 💢 F	76 YAS.	MONTHS	DAYS	HOURS MIN.		ne 23 1	914		ginia
	9e. FACILITY NAME (If not institution give str			9b. CITY	r, TOWN O	R LOCATION OF				TY OF DEAT	
POR	St. Joseph's Hos	spiţal		<u> </u>	Tows	on			Ba	ltimo	re .
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	imore		Cocke							d. INSIDE CITY LIMITS? YES 2 NO
4	10e. STREET AND NUMBER	- K			101.	ZIP CODE			10g. CITIZ		T COUNTRY?
3	3 Reldas Court,	Apt. C				21030			L	ISA	
Z	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13.	WAS DEC	ENCENT OF HISE	PANIC ORIG	IN? (Specify Ye	s or No—	14. RACE —	American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	ES 2 (10			ecify Cuban, Max	Ican, Puerto			Black, W Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16e. DECEDENT				16	b. KIND OF BU	SINESS/INDI	JSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	use retired.)	auring mo	st of working					
릴	8		Wa	itress	5			Restau	ırant		
0	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First	, Middle, Maiden	Sumame)		
0	Unknown by Inf	ormant				Maddi	ie (U	nknow	n by	infor	mant)
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRES	S (Street a	nd Number or Rui	ral Route Nu	mber, City or Tov	vn, State, Zip	Code)	
2	Karl Schleunes		sai	me as	10e	•					
	20s. METHOD OF DISPOSITION		20b. PLACE OF DISI	POSITION (N	ame of cen	netery, crematory of	or	20c. LC	CATION (City or Town	State
	1 Buriel 2 Cremation 3 Remo	rval from State	Lakevie	w Me	mori	al Park		Svi	kesvil	le. M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ON	Lanctic	22	NAME AN	O ADDRESS OF	FACILITY				, , , , , , , , , , , , , , , , , , , ,
	Brya	n W. Clary			Lemn	non-Mit	chell	-Wiede	feld		
	U Brya	II W. Clary	1		Tim	onium,	Mary	yland			
	23. PART I. Enter the diseases, or c			o not anta	r tha mo	da of dying, s	uch ss ca	rdiac or reap	iratory arr	eet,	Approximate Interval Between
	shock, or haert failure. I IMMEDIATE CAUSE (Finel	ist only ona cause of	n esch line.			3	era				Onset and Death
	disease or condition	(2	rdia	^	0	went	tu	ua			
	resulting in death)	DUE TO (OR A	AS A CONSEQUENCE	OF)		1			le.		
-		CRR	11-45	00	11	vegt	0	cee	der	it.	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE	OF):	2					,	
AT	cause. Enter UNDERLYING										
F	CAUSE (Disease or Injury that initiated events	OUE TO (OR /	AS A CONSEQUENCE	OF):							
F	resulting in death) LAST	4									
2										_	
AL	PART II. Other significant condition	s contributing to deat	th but not resultle	ng in tha u	ındariyin	g cause given	In Part I.	24a. WAS A	N AUTOPSY	Al	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
20								1 TYES	2 NO		OMPLETION OF CAUSE F DEATH?
Æ										1	YES 2 NO
-								1			
A	25. WAS CASE REFERRED TO MEDICAL				28. PI	LACE OF DEATH	(Check only	one)			
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 🗆 DO	OTHE		ne 5 🗆 Residen	ce 8 🗆 Ot	ther (Specify)			
27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
	Accident Investigation 1 Yes 2 NO 1 Yes 2 NO 2 NO 2 NO NO NO NO							ite Number,			
	4 Homicide 8 Could not be	building, etc. ((Specify)				0	ity or Town, State	9)		
Ш	29a. CERTIFIER	C1111 7- 11- 1			No.	and also	dua de de			and a	
MP	(Check only	CIAN: To the best of my k R: On the besis of examin									and manner se stated
COMPLETED	2 MEDICAL EXAMINE		म्बर्गा सार्थ्यका साम् वस्ता	parion, in 19ty	эрпаон, С			and and prace, t			
ш	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE			29d, DAT	E SIGNED (A	fonth, Day, Year)
0 B	Mysan	1 mm				12-37	130	,		1/20	170
	30 NAME AND ADDRESS OF PERSON WH	O COMBI STED CAUSE OF	E DEATH (ITEM 27)	Ema Delett						/	1

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ST- JOSEPH HOSPITH

Jamason-Agnature

ANN M. DIXON, MD

12

OUR 27 (1990 Year) Guia Lain 125 The property of the lain 125 The property of the lain 125 The property of the lain 125 The property of the lain 125 The property of the lain 125 The property of the lain 125 The property of the lain 125 The property of the lain 125 The property of the lain 125 T

BALTIMORE, MARYLAND 21203-3146

FOR 1 - STATE	STATE OF MAR	YLAND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIEN	IE	90 2047	
REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Lest Phillip	Gerard Serv	vary		2. DATE OF DEATH MONTH 5		3. TIME OF DEATH 9:35PM	
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTNPLACE (State or Foreign	
214-98-8137 9a. FACILITY NAME (If not institution, give	1XXM 2 □ F	25 YRS.	DAYS HOURS MIH.	Jan.23, 1	965	Country) MARYLAND	
5309 Elsrode A			Baltimore C		9c. COUNTY		
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY	10c. CITY.	TOWN OR LOCATION			10d. INSIDE CITY	
MARYLAND -			LTIMORE			10d. INSIDE CITY LIMITS? 1 XXYES 2 NO	
100. STREET AND NUMBER 5309 ELSRODE A	VE.		101. ZIP CODE 21214		U. S	A.	
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF NISPAI If yee, specify Cuben, Mexico 1 YES 2 X NO Specifi	n. Puerto Rican, atc.)	e or No — 14	Black, White, etc. Specify: WHITE	
15, DECEDENT'S ED (Specify only highest gra		18a. DECEDENT'S US	BUAL OCCUPATION It done during most of working	18b, KIND OF BU	ISINESS/INDUS	TRY	
Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	life. Do NOT use i	E OFFICER	BALTI	MORE C	ITY	
17. FATHER'S NAME (First, Middle, Last) BRUCE LOWE SER	VARY	•	JOAN VI	ME (First, Middle, Melder ERTILLA	Surname)		
190. INFORMANT'S NAME (Type/Print) BRUCE L. SERVAR	Y (FATHER)		DDRESS (Street and Number or Rural LSRODE AVE., BA				
26a. METNOD OF DISPOSITION Y Burlal 2	moval from State	20b. PLACE OF DISPOSIT	CEMETERY	20c. LOCATION — City or Town, State BALTIMORE, MD.			
21. SIGNATURE OF FUNERAL SERVICE	CENSEE O	1	22. NAME AND ADDRESS OF FU				
Ergene	Lasts		3331 BREHMS				
IMMEDIATE CAUSE (Final	e. List only one cause of	n aach ilna.		ch as cardiec or rea	olretory arres	t, Approximate Interval Batwee Onset and Deat	
disease or condition resulting in death)	4.	wound to h					
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF):				Þ	
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PERFORMED? **COMPLETION OF CAUSE OF DEATH?**							
				_		X∑Z YES 2 □ NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C				
27. MANNER OF DEATH	1 Inpatient 2 ER/	IRY 28b. TIME	OF 28c. INJURY AT	8 Other (Specify) 28d. DEŞCRIBE NOW	INJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigatio	7-22-9(nar) INJUI	M 1 VES X	Self inf	licted		
4 Homicide 8 Could not be determined	28a, PLACE OF IN. building, etc.		ome, factory, office	201. LOCATION (Street City or Town, Steet 5309 Els.	0)	r Rural Route Number, Venue, Baltimo:	
(Critick brilly		rnowledge, death occurred	at the time, date and place, and du	e to the cause(a) and m	anner as stated	ı.	
MEDICAL EXAM		nation and/or investigation,	, in my opinion, death occured at the				
296. SIGNATURE AND TITLE OF CENTH	200		29c, LICENSE NU		29d. DATE S	7-23-90	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, F			1	1-23-90	

111 Penn Street, Baltimore, MD 21201

STATE OF MA	RYLAND / DEPARTMENT	OF HEALTH AI	ND MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

4	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE		REG. NO.	20 204/1	
	1. OECEDENT'S NAME (First, Middle, Last)	SPENCE		2	DATE OF DEATH	YEAR 3. TIME OF DEATH36	
3	4. SOCIAL SECURITY NUMBER 216-54-2292	5. SEX 6. AGE (In y)	rs. lest birthday) IF UNDER 1 YRS. MONTHS	YEAR IF UNDER 24 HRS. 7. DAYS HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 0-15-1897	8. BIRTHPLACE (State or Foreign Country)	
3 should	9e. FACILITY NAME (If not inetitution, give	street and number)	9b. CITY, BAK	TOWN OR LOCATION OF DEAT	N ~ 9c. CO	OUNTY OF DEATH ALTIMORE CITY	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD	γ	10c. CITY, TOWN OF	ORE, CITY		10d. INSIDE CITY LIMITS?	
	- 10e. STREET AND NUMBER	STREET	3,72.11.	10f. ZIP CODE 21218	10g, C	ITIZEN OF WHAT COUNTRY?	
\$ 1 · 1 D	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 NO II	AS DECENDENT OF NISPANIC yes, specify Cuban, Maxican, I		14. RACE — American Indian, Black, White, etc.	
21203-3146 Ital or attending physician. for use as the bunia-tran	3 N Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grac	e completed)	ia. DECEDENT'S USUAL OC (Give kind of work done di life. Do NOT use retired.)		16b. KIND OF BUSINESS/I	BLACK NDUSTRY	
の 重	Elementary/Secondary (0-12) 6 t h	College (1-4 or 5+)	DOMESTIC	Las MOTAGENIO NAME	(Florida Middle Maides Cumens		
1 3 2 E	WIEETAN EOWN		1	HARRII			
E, MARY by be retained bage 5 should be notified	19a. INFORMANT'S NAME (Typo/Print) ROXIE BROCKT		1705 E.	(Street and Number or Bural Rou 29th STB	ALTIMORE, I	MD. 21218	
ORE e 6 ma ector, l	20a. METHOO OF DISPOSITION 1 Surial 2 Cremation 3 Rei 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	noval from State		EMETERY AME AND ADDRESS OF FACIL	ELIZA	BETH CITY, N.C.	
BALTIM after death. Pag by the funeral dir moval. ical examiner	→ Vanessa	Coad				E. NORTH AVE.	
	23. PART I. Enter the diseases, or shock, or heart feilure immediate CAUSE (Finel disease or condition resulting in deeth)	e. Due to jon as a co		the mode of dying, euch e	mest	Approximate interval Between Onset and Death	
D. BOX 13: The certificate be exect and physician and Hygina prior to and Hygina prior to and on other traumatilication.	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
ECORDS, equires that the cen signed by the or Heath and Me hows any injury MEDICAL	PART II. Other significent condition	ons contributing to death but	not resulting in the un	derlying ceuse given in Pa	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATHY 1 YES 2 NO	
1 2 2 2 2 7	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO	HOSPITAL:	ont 3 DOA 4 Nurs	25. PLACE OF DEATH (Check			
OF V PHYSICIA this certi with the rked, or	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M		8d. DESCRIBE NOW INJURY	DCCURED	
DIVISION OR ATTENDING F DIRECTOR: After I hours after death item 28 is mar	3 Suicide 8 Could not b	28s. PLACE OF INJURY	At homa, tarm, street, facto	ory, office 2	81. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,	
N = 3E E	29a. CERTIFIER (Check only one) 1 CERTIFYING PNY 2 MEDICAL EXAMI	SICIAN: To the best of my knowled-				etated. o the cause(s) and menner as stated.	
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	Show A	Jashmi M	D	29c. LICENSE NUMB	ER 29d. 0	ATE SIGNED (Month, Day, Year)	
P P 2 2 2 2	30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE OF DEATH PHM1 260		HY HETCHT	5 toe	2/2/57	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATION - Rand					

P		1, 2, 3 should	
(300	TA PE)
BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physicia	the funeral director, page 5 should be detached for use as the burial-transit prime 1, 2, 3 should oval.	
RYLAND 2	ned by the hospitz	ould be detached	led at once.
ORE, MA	e 6 may be retain	ector, page 5 she	al examiner must be notified at once.
BALTIM	ter death. Page	the funeral din oval.	al examiner

TO THE HOSPITAL DR AITENDING PHYSICIAN: The law requires that the death certificate be executed within TR PHYERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at on

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) ALICE M. PLICE SLATTE)	4.2	2. DATE OF DEATH DAY YEAR 2. TIME OF DEATH 12 35 P.M.				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	BIRTHPLACE (State or Foreign		
	049-09-3034 1 M2 WF	HOURS MIN.	N. (Month, Day, Year) Q ~ 3 - 03 Country) USP				
	9a. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DEA		9c. COUNTY O	4 4
DIRECTOR	Bon Secours Extended	Gere !	Ellect	+ acting		How	arshur 6.
EC	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY
듬	Maryland Howard	E	llicot	t City			1 YES 2 NO
AL AL	10e. STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	3004 N. Ridge Rd.			21043		US	5A
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES	If yes, sp	ENDENT OF HISPANI ecity Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Ye , Puarto Rican, atc.)	8	ACE — American Indian, lack, White, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	Y
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use ret	lired.)		11		0
MP	12 Years	Secreta	iry				urance Co.
8	17. FATHER'S NAME (First, Middle, Leat) GIOSUE Mastriforte				e (First, Middle, Melder Terine Car	,	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	DRESS (Street a		oute Number, City or Tox		
2	John Slattery				ton, Unio	44060	
	20e. METHOD OF DISPOSITION 1	20b. PLACE OF DISPOSITIO	N (Name of cer	netery, crematory or	20c. LC	CATION — Cify o	
	4 Donation 5 Other (Specify)	Greenm	-	emetery		altimore	, MAryland
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	× 0-	22. NAME A	DADDRESS OF FAC	defeld Hor	no Inc	
	James F. Burnside, Jr.	a. St.	6500	York Rd.	Baltimo	ore, Md.	21212
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	S A CONSEQUENCE OF): Carclus S A CONSEQUENCE OF): S A CONSEQUENCE OF):	zopal	hy			Interval Between Onset and Daath
MEDICAL	PART II. Other algorificant conditions contributing to death	th but not resulting in the	na undarlyin	g cause given in F	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ACE OF DEATH (Che	ck only one)		
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/C	Outpatiant 3 DOA		e 5 🗆 Residence (Other (Specify)		
ВУ РН							
	1 286, PLAGE OF INJUST At norms, street, factory, office 1 28f, LOCATION (Street and Number of Paral House Number						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kr						se(s) and manner as stated.
BE	29b. SIGNATURE AND LITLE OF CERTIFIER	2		29c. LICENSE NUM	BER C	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pris	ne) _ /~	Cust C	by Mai	/	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S Julia Davidson	IGNATURE	70				
	U U	7					DHMH-16 Ray 1/80

BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending pro-	removal.	edical examiner must be notified at once.
	Ja .	on, or	не ше
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compress, men in by the tuneral orector, page 5 should be detached not use as in the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burilal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

	Edward John SMITH							7 / 25 / 90 4:56			4:56 A _M			
	4. SOCIAL SECURITY NUMBE 213-10-4032		5. SEX 6.	AGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH h, Day, Year)		BIRTHPLA Country)	CE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, T Franklin Square Hospital Ross							lle 2				9c. COUNTY	OF DEAT	
EC	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION					104	I. INSIDE CITY
E	Maryland	Balt	imore		Ros	svi	lle						1 [YES 2 NO
AL	10e. STREET AND NUMBER						-	. ZIP COD	E			10g. CITIZEN	OF WHA	COUNTRY?
띮	5406 Litan	y Lane						212	237			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 1 1 2 1 3 2 1 2 1 2 1 2 1 2 1 2 1 2 1		12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2	MED NO		tf yes, sp	ENDENT Code of the code of the	m, Mexica	n, Puerto	f? (Specify Ye Rican, etc.)	n or No— 14.	RACE — Bleck, W Specify:	American Indian, hita, etc.
ED	15. DECE (Specify only	DENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON out of workli	na	16b	KIND OF BU	SINESS/INDUS		
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5+)	life	inter	se retired.)					Auto	Mfg.		
Ö	17. FATHER'S NAME (First, Mic	ddie, Last)						16. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE (John Smi			100		ADDRES	0./0				uller	- 0 71- 0-	ele l	
2	Hazel M. S.											n, State, Zip Co		
	20a, METHOD OF DISPOSITION 1 September 2 Greenation 4 Donation 6 Other	n 3 🗆 Reme	oval from State	20b. PLACE other pi	OF DISPO	SITION (N	ame of ce	metery, crei	natory or		20c. LC	cation - chy	or Town,	
	21, SIGNATURE OF FUNERAL	SERVICE LIC	ENER SUL		- 11	22.	Bru	ND ADDRE	ss of fa	Fune	eral H	ome PA		
	June		10											d. 21221
	23. PART I. Enter the disshock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)	eart fallure. al	List only one cause			not antai	r tha mo	oda Dr dy	ing, auc	n aa can	diac or reap	iratory arrest	.,	Approximate interval Batween Onset and Death
	resulting in quality		DUE TO (OF	AS A CONSE						-				
Z	Sequentially list condition		Acute Re											
CATIC	if any, leeding to immed cause. Enter UNDERLYII CAUSE (Disease or Injur	diete NG	Pneumoni	as a conse										
CERTIFICATION	that initiated events resulting in death) LAST		DUE TO (OF d. Hypotens	ion	QUENCE O	F):								
2	PART ii. Other significes	nt condition				In the co			alven In	Don't I	24s. WAS A		T	FRE AUTOPSY FINDINGS
MEDICAL	Metabol	ic Ac		em but not	resoning	in tha u		ig ceuse	given in	rant I.	PERFO	RMED?	AM	AILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
	Hyponat	remia								_			1	YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF I	DEATH (C/	heck only o	ne)		_	
Sic	EXAMINER?		HOSPITAL:	R/Outpetlant :	B DOA	OTHE		ne 5 🗆 R	asidence	6 🗆 Othe	er (Specify)			
	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)					AE OF JURY	28c, IN	JURY AT ORK? YES 2 [Y		INJURY OCCUP	RED	
2 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined					ome, farm,	street, fac					CATION (Street or Town, State	and Number or	Rural Rout	Number,
COMPLET	(Crieck orny		CIAN: To the best of my											nd manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	82.0 kg	-Uni	1ho	M	0	29c. LIC	ENSE NU	MBER		PM. DATE S	25	19D
5	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ							1	7	1 1 0

Rosie Walker McNair M.D. 9000 Franklin Square Drive Baltimore, Maryland 21237

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Significant Silvania 82 x 25-001-615

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FRANK PERETTI, MD

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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and c	bur	ratic
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PIR	hou	Pen

BALTIMORE, MARYLAND 21203-314

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	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT OF H				GIENE					
	1. DECEDENT'S NAME (First, Middle, Las	N)						2. DATE OF DEA	ATH DAY	,	YEAR	3. TIM	E OF OEATH	
1	JOHN	HOWARI)	SI	NDSTROM	, Phl	D.	7-23-9	0			9:	45AM	M
	4. SOCIAL SECURITY NUMBER 157-36-6417	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. las 42	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. OATE OF BIR 9/22/4	TH (Arr)		Country	NEV	(State or Foreign VORK	gn
	Sa. FACILITY NAME (If not institution, gh	e street and number)			9b. CITY, TOWN	OR LOCATION	ON OF DE	ATH		9c. COUNT				
띩	SHADY GROVE AL	OVENTIST HO	DSPITAL	TAL ROCKVILLE				MONTGOM			ERY	COLIN	TV	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COU			10c. CITY, TOWN OR LOCATION						1				
DIRECTOR		HOWARD		10c. CII	COLUMBI							LI	NSIDE CITY IMITS? YES 2 NO	D
FUNERAL	10e. STREET AND NUMBER				10	f. ZIP CODI				10g. CITIZ		/HAT CO	OUNTRY?	
밀	9644 SEA SHADOW	12. WAS DECEDENT	COURT IN LIGHT	1450			046				USA			
l Ma	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NAM	10	If yes, sp	pecify Cuba 3 2 NO	n, Maxica	ilC ORIGIN? (Spec n, Puerto Ricen, e /:	ery rea	or No-	Black Speci	k, White,	erican Indian, , etc. WHITE	
	15. OECEOENT'S E (Specify only highest gr	DUCATION ade completed	16a. DE	CEDENT'S	USUAL OCCUPATE work done during me	ON	10	16b. KIND	OF BUS	INESS/INDU	STRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+	fffa.	Do NOT u	se retired.)	oat or working	'W							
COMPLETED		5+		CO	NSULTANI					ERAL	ELEC	CTRI	[C	
	17. FATHER'S NAME (First, Middle, Last)					7.5		ME (First, Middle,						
BE	LENNART SANDSTRO 19a. INFORMANT'S NAME (Type/Print)	M	101	h MARINO	AODRESS (Street			LIA GE	_		Code			
욘	MRS. SHERYL COHE	N			SEA SHA			LUMBIA,		210	,			
	20s METHOD OF DISPOSITION XX Burlat 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from Stata	20b. PLACE other pli	OF DISPO	SITION (Name of co MEMORIAL	PAR	natory or K	1		OLUMB			fa .	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME A	ND ADDRE	SS OF FA	& BROS		TNC.				
	1 Voc	Lewin	(A)					STOWN R			0.,	MD	212	215
	23. PART Enter the diseases,				not enter the me	ode of dy	ing, auc	h aa cardiac o	r reapli	ratory arre	at,		Approximete	
	immediate cause (Fine)	re. List only one cau	se on aech ilns	l.									Interval Bets Onset and E	
	disease or condition	HYPERI	ENSIVE	ARTE	RIOSCLE	ROTIC	CAR	DIOVASC	ULA	R DIS	SEAS	Ε		
		OUE TO	(OR AS A CONSE	OUENCE C	PF):									
CERTIFICATION	Sequantielly list conditione, if any, leading to immediate	b	(OR AS A CONSE	OUENCE C	PF):							+		
길	cause. Entar UNDERLYING CAUSE (Disease or Injury	c	(OR AS A CONSE	OUENCE C	IFI:							-		
 	that initiated events resulting in death) LAST		,									ļ		
핑		d												
됳	PART II. Other algnificent condition	iona contributing to	deeth but not i	reauiting	In the underlying	ng cause	given In		MAS AN	AUTOPSY MED?	24b	AVAILA	AUTOPSY FINE ABLE PRIOR TO	0
MEDICAL								MX	YES 2	□ NO		OF DE	LETION OF CAL ATH?	USE
								— I				XX	¥\$ 2 □ NO)
N.														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1723-YES 2 NO	HOSPITAL:	Y.,		OTHER:			neck only one)						
¥	27. MANNER OF DEATH	28a. OATE OF		28b. TII		me 5 ∐ R	asidence	6 Other (Spec		NJURY OCC	UREO			
	XX Natural 5 Pending	(Month, D	ay, Year)	IN	JURY W	ORK? YES 2	_ NO							
ED BY	2 Accident Investigation 3 Suicide 6 Could not determine	28e. PLACE O building,	F INJURY At he etc. (Specify)	ome, farm,	street, factory, offi	ce		281. LOCATION City or Town		and Number	or Rural i	Route No	umber,	
T.	And CERTIFIED													
COMPLETED	(Check only	INFR: On the best of										al e	manner en et ::	dad
000		NNER: On the beals of a	ABIRITATION BNG/OF	investigati	on, in my opinion,				iace, an					140.
BE	2564 SIGNATURE AND TITLE OF CENT					29c. LIC	ENSE NU						n, Day, Year)	
5	30. HAME AND ADDINESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Typ	e. Print)		OCM	E			7-2	4-9(J	

111 Penn Street, Baltimore, MD 21201

DHMH-18 Rev 1/89

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Afte	deat	E
3	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E	s af	1 21
	JOUR.	Tel.
A	12	1

	FOR 1 - STATE REGISTRAR	STATE OF MARY	(LAND / DEPARTM CERTIFIC				YGIENE EG. NO.		8 A.M.
	1. OECEDENT'S NAME (First, Middle, La				1	2. DATE OF D		3.	TIME OF DEATH
)	Benjamin	SWOGEL				МОМТН	24	OO I	E 200 Am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	ВТН	A. BIRTHPLA	ACE (State or Foreign
	217-38-464	0 1 × 1 M 2 □ F	/ YRS.	THS DAYS	HOURS MIN.	09/2	7/12		ARYLAND
¥	Singito Soit	re street and number	Finore "	1 1	R LOCATION OF DEA	ATH !	ac COUN	TY OF CEAT	Н
2	RESIDENCE OF DECEDENT							. ,	
DIRECTOR	Maryland By	altimore	of the latest and the	HTW					d. INSIDE CITY LIMITS? YES X NO
	10e. STREET AND NUMBER	Circle			ZIP CODE	200	10g. CITI	ZEN OF WHA	T COUNTRY?
FUNERAL	8213 Maxim	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (So	ecify Yee or No.—	14. RACE	American Indian.
BY	1 Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES? 1 Y	ES 2 X NO	If yes, sp	cify Cuben, Mexican 2 NO Specify:	, Puerto Ricen			White white
3	15. DECEDENT'S I (Specify only highest g		16a. DECEDENT'S USU (Give kind of work	JAL OCCUPATIO	N et of working	16b. KINI	OF BUSINESS/IND	USTRY	
COMPLEI	Elementary/Secondary (0-12)	College (1-4 or 8+) 5+	Me. Do NOT use re	tired.)	or working		AT LAW		
2	17. FATHER'S NAME (First, Middle, Last)		ATTOR	MET	18. MOTHER'S NAM	AE (Eirot Middle			
- 1	KALMAN SWOGELI						BUGATCH		
出	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	DRESS (Street e	nd Number or Rural R			Code)	
2	MRS. BERTHA SWOO	GELL	8213 M	AXINE	CIR. BA	LTO,MD	21208		
	28e, METHOD OF DISPOSITION Burlel 2 Cremetion 3 F Donation 5 Other (Specify)	temoval from State	20b. PLACE OF DISPOSITION Officer place) BETH EL				RANDALL	TAUL COLUMN	
	21. SIGNATUJE OF FUNERAL SERVICE	Leghensee	DDIII DB	22. NAME AI	ID ADDRESS OF FAC	HLITY			, 110
	· Ira Te	nunser			OL LEVING REISTERS			NC. O., MI	21215
	23. PART 1. Enter the Visceses,								Approximate
-	shock, or heert fellu IMMEDIATE CAUSE (Finel	ire. Liet only one cause of							Interval Between Onset and Deeth
- 1	disease or condition	Preste	tic cano	ert	metas	tase	>		17415
1	resulting in deeth)	DUE TO (OR A	AS A CONSEQUENCE OF):						
z	Sequentially list conditions,	ь							
RIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE OF):						
3	CAUSE (Disesse or injury	C. DUE TO (OR /	AS A CONSEQUENCE OF):						1
	that initisted evente resulting in death) LAST								
5		0,							
Į.	PART II. Other significent condi	tions contributing to deet	h but not reaulting in t	he underlyln	g ceuse given in	Pert i. 24e	. WAS AN AUTOPSY PERFORMEO?	Ale	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDIC						_ 16	YES 2 NO		F DEATH?
						- 1		1	YES 2 NO
ä	25. WAS CASE REFERRED TO MEDICA				AGE OF BEATH 604				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che				
H	27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TIME C	F 28c. IN.	URY AT		BE HOW INJURY OC	CURED	
ВУР	1 Netural 5 Pending	(Month, Day, Ye	nr) INJUR	Y Wo	YES 2 NO				
	2 Accident investigation 3 Suicide 8 Could not	28e, PLACE OF INJ	URY - At home, ferm, stre	et, factory, offic	•	28f. LOCATIO	N (Street end Number wn, State)	r or Rural Rou	te Number,
TED	4 Homicide determine	d							
COMPLET	one)	HYSICIAN: To the best of my k							nd manner ea stated
	29b. SION TORE AND TITLE OF CERT	TIEIER	-		29c. LICENSE NUM	11 2 - 2 - 2	Tes -		forith, Day, Year)
O BE	John 7	redenk H			NA		▶ 1	7/24	1/90
	30. NAME AND ADDRESS OF PERSON	I WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, Pr	int)					
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	BIGNATURE						
	1111 27 1990	Julia Varidos	Royal B						
	31. DATE FILEO (Month, Day, Year)	A .	0.0						
_	THE GIRTH	O TOUR TOUR TOUR	Mailwanes				-		

the state of

BALTIMORE, MARYLAND 21203-3146

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
!	1. DECEDENT'S NAME (First, Middle, Lest) HERBERT FRANC	SIS SMI	TH, SR.	2. DATE OF DEATH DAY JULY 23,	, 1990 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SEX 213 - 12 - 3293 1 🖫 № 2 🗆 F	70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	Jan 27, 19	
ron	90. FACILITY NAME (# not institution, give street and number) Harbor Hospital Center RESIDENCE OF DECEMENT		Baltimore City		Baltimore City
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Anne Arundel		town on Location Burnie		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 💆 NO
ERAL	10e. STREET AND NUMBER 209 Glen Road	·	10f. ZIP CODE 21060	1	10g. CITIZEN OF WHAT COUNTRY? U.S.A.
B	1 Name Married 2 V Married FORCES?	NT EVER IN U.S. ARMED I X YES 2 NO NAR OR DATES	13. WAS DECENDENT OF NISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Specific No. Sp	en, Puerio Ricen, etc.)	r No— 14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Oth. NONE	+)	SUAL OCCUPATION rk done during most of working retired.) 1Pervisor	Delta Ch	
N	17. FATHER'S NAME (First, Middle, Last)	220110		AME (First, Middle, Malden Su	
BE CC	Coleman Francis	Smith	Anna	Carrie	e Fraunholz
2	Mrs. Audrey M. Smith	209 G1e	ADDRESS (Street end Number or Rura en Road, Glen B	urnie, Maryl	land 21060
	20. METHOD OF DISPOSITION 1 (A Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	other place)	tion (Neme of cometer), crematory or e Memorial Par		idge, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE B. Hevrul Hall	1	Singleton Fun Second Ave.	4 99	Burnie, Maryland
	23. PART I. Enter the diseases, pr complications the ahock, pr heert failure. Liet only one ce IMMEDIATE CAUSE (Finel disease or condition resulting in death)	use Dn eech line.		ch ae cardiac or respira	Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleases of John)	O (OR AS A CONSEQUENCE OF	: 0	all disea	se yeur
2	PART II. Other significent conditions contributing to	death but not resulting in	the underlying cause given i	n Part I. 24a, WAS AN AI	UTOPSY 24b, WERE AUTOPSY FINDINGS
: MEDICAL	Distrites Melleta			1 YES 2 (1	IED? AMAILABLE PRIOR TO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)	
S	EXAMINER? HOSPITAL: 1 Upes 2 No 1 Inpatient 2	☐ ER/Outpatient 3 ☐ DOA	OTHER: 4 Nursing Home 5 Residence	/ 0	ntulquee
PHYSICIAN:	27. MANNER OF DEATN 26e. DATE C		OF 28c, INJURY AT	28d. DESCRIBE NOW INJ	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE building	OF INJURY — At home, farm, s g, etc. (Specify)		281. LOCATION (Street en City or Town, State)	od Number or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 1 CERTIFYING PNYSICIAN: To the best of MEDICAL EXAMINER: On the basis of				ner as stated, due to the ceuse(s) and manner ee stated.
BE C	296 DIGNATURE AND TITLE OF CERTIFIER US	PMD	29c. LICENSE N	UMBER 355	29d. DATE SIGNED (Month, Day, Year) July 24, 1990
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA		Print)		21227
- d		OUU Annapolis	nuau, paitimo	re urgurands	s, Baltimore, Md.
		idson-Aandalle			

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the source death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.

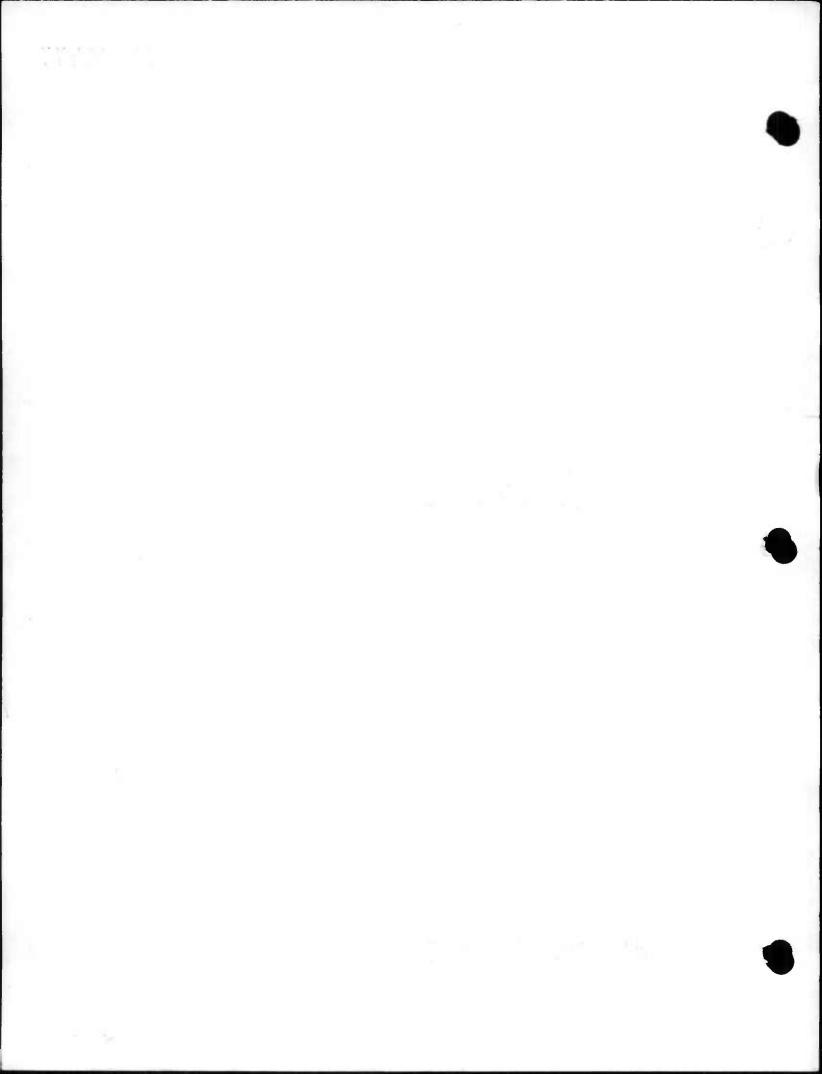
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

1	STATE REGISTRAI
1	1. OECEOENT'S N
1	WILLIE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. OECEOENT'S NAME (First, Middle, Last)												
WILLIE WILLIAMS							2. DATE OF	DEATH DAY		YEAR 3.	TIME OF DEATH	м
4. SOCIAL SECURITY NUMBER	5. SEX	e ACE (le un le										
4. SUCIAL SECURITY NUMBER		6. AGE (in yrs. le	140	ONTHS DA		MIN.	7. DATE OF E (Month, De	v. Year)		Country)	CE (State or Forei	
212-36-4681	1 🗆 M 2 🗆 F	73	YRS.					1/19			ville,	2
9a. FACILITY NAME (If not institution, give st				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					Н			
UNION MEMORIAL H	IOSPITAL			BALTIMORE								
RESIDENCE OF DECEDENT			Tall and	un 27 i							NI-S	
10e. STATE 10b. COUNTY	r		10c. CITY, T	TOWN OR L	OCATION					104	d. INSIDE CITY LIMITS?	
MARVIAND	_		Ba.	ltim	ore					1 [XYES 2 N)
MARYTAND 10e. STREET AND NUMBER					101. ZIP CODE				10g. CITIZ	EN OF WHA	COUNTRY?	
5003 Ready Ave.					21212)			US	A		
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. WAS	DECENDENT OF		ORIGIN? (S	pecify Yea	or No—	14. RACE —	American Indian	
1 🔀 Never Married 2 🗌 Married	FORCES? 1 IF YES, GIVE W	YES 2	NO		s, specify Cuban YES 2 XNO		Puerto Rica	n, atc.)		Black, W Specify:	hita, etc.	
3 Wildowed 4 Divorced	IF TES, GIVE W	IN ON DATES		1 ''	TES 2 (ALMO	specify.				Specify:	Black	
15. DECEDENT'S EDUC	CATION	16a. Di	ECEDENT'S US	UAL OCCU	PATION		16b. KIR	OF BUS	NESS/INDI	JSTRY	Dia.	
(Specify only highest grade		(C	Sive kind of world b. Do NOT use n	k done durin etired.)	g most of working	9		- 27				
Elamentary/Secondary (0-12)	College (1-4 or 5+		ninto:	~			Dr	inti	na			
AT CATHERIO MANE (Chan Add at a change)		[P]	rinte	L		EBIO ALLE						_
17. FATHER'S NAME (First, Middle, Last)							E (First, Midd	1 11 11 11	umame)			
Jeff Williams							Mos					
19a. INFORMANT'S NAME (Type/Print)					reet and Number					2.7.7		
Michael William	ns		5908 1	High	gate I	or.	Balt	imor	e, M	id. 2	1215	
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSIT		of cemetery, crem					aty or Town,		
1 🔀 Burial 2 🗆 Cremation 3 🗆 Remi	oval from State	other p	olace)	C+-	r Ceme	ter	7.7	Cat	Ones	7illa	Мд	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	we:	stern	22. NAB	T CETTE	S OF FACE	LITY	Lat	OII S		,	
				Der	rick (C. J	ones	F.H	. /46	511 P	ark Ho	gts
Monney	CI	JRA .	A -	Bal	timore	e. M	d. 2	1215	rΑ	re.		
disease or condition reaulting in death)	· Card	opuln	nman	y m	rrest						Onset and I	
	b. ASPIC OUE TO Sept	OPUNO OR AS A CONSE	POLUME EQUENCE OF):	y An	rrest ae							
Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	b. ASPIC OUE TO DUE TO DUE TO	OR AS A CONSE	POLUMEOUENCE OF):	nanic	20 -	given in P	Part I. 24	a. WAS AN /		AM	Onset and I	DINGS
resulting in death) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition	b. ASPIC OUE TO C. SEP DUE TO d	OR AS A CONSE	POLICE OF):	nanic	20 -	jiven in P			MED?	AM CC OF	Onset and I	Dings) use
Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition CALLON VOICE 25. WAS CASE REFERRED TO MEDICAL	b. ASPIC OUE TO DUE TO DUE TO A. DUE TO A. DUE TO	OR AS A CONSE	POURNCE OF):	the under	20 -		_ 1	PERFOR	MED?	AM CC OF	Onset and I	Dings) use
Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition CAUCHO NO.	b. ASPIC OUE TO C. SEP DUE TO d	OR AS A CONSE	EQUENCE OF):	the under	rlying couse g	EATH (Chec	ck only one)	PERFOR	MED?	AM CC OF	Onset and I	Dings) use
resulting in death) Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition CALLED DOOR CONDITION	b. ASPIC OUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	OR AS A CONSE	POURNCE OF): resulting In 2 3 DOA 4 28b. TIME	the under	riying cause g	EATH (Chec	ck only one)	PERFOR	MED?	AM CC OF	Onset and I	Dings) use
PART II. Other aignificant conditions reaulting in death) PART II. Other aignificant conditions was case referred to Medical EXAMINER? 1 YES 2 NO NOTE: No Pending to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions with the conditions of the conditions of the conditions was case referred to Medical EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	b. ASPIC OUE TO C. SLO DUE TO d. HOSPITAL: 1 (Liftipatient 2 OF (Month, D. (Month, D	OR AS A CONSE	FOURNCE OF): resulting In	the under	rlying ceuse g	EATH (Chec	ck only one)	PERFOR	MED?	AM CC OF	Onset and I	Dings) use
PART II. Other aignificant conditions reaulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	b. ASPIC DUE TO C. Septimination d. Hospital: 1 (Laftiputient 2 Common Commo	OR AS A CONSE	reaulting In 3 DOA 4 28b. TIME (1)	the under	rlying ceuse g	EATH (Chec	ck only one) G Other (S) 28d. DESCR	PERFOR	MED? NO	AV CC OF	Onset and I	Dings) use
Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending	b. ASPIC OUE TO DUE TO DUE TO d	OR AS A CONSE	reaulting In 3 DOA 4 28b. TIME (1)	the under	rlying ceuse g	EATH (Chec	ck only one) Other (S 28d. DESCR	PERFOR	MED? NO	AM CC OF	Onset and I	Dings) use
PART II. Other aignificant conditions in the same search of the same s	b. ASPIC OUE TO DUE TO DUE TO d	OR AS A CONSE OR AS A CONSE death but not ER/Outpatient INJURY INJURY FINJURY At F	reaulting In 3 DOA 4 28b. TIME (1)	the under	rlying ceuse g	EATH (Chec	ck only one) Other (S 28d. DESCR	PERFORI	MED? NO	AV CC OF	Onset and I	Dings) use
PART II. Other algnificant condition EXAMINER? 1 Yes 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural Natura	b. ASPICIAN: To the best of	OR AS A CONSE OR AS A CONSE DOR AS A CONSE death but not ER/Outpatient INJURY INJU	resulting In 2 3 DOA 4 28b. Time injure	the under	riying ceuse g 26. PLACE OF DI Home 5 Re C. INJURY AT WORK? I YES 2 office	EATH (Check aldence 6	ck only one) Other (S 28d. DESCR City or 1	PERFORI YES 2 Pecify) IBE HOW IP ON (Street a fown, State)	MED? NO NO NO NUMBER NUMBER	AN CCOOR 1	Onset and I	Death Dings) USE
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

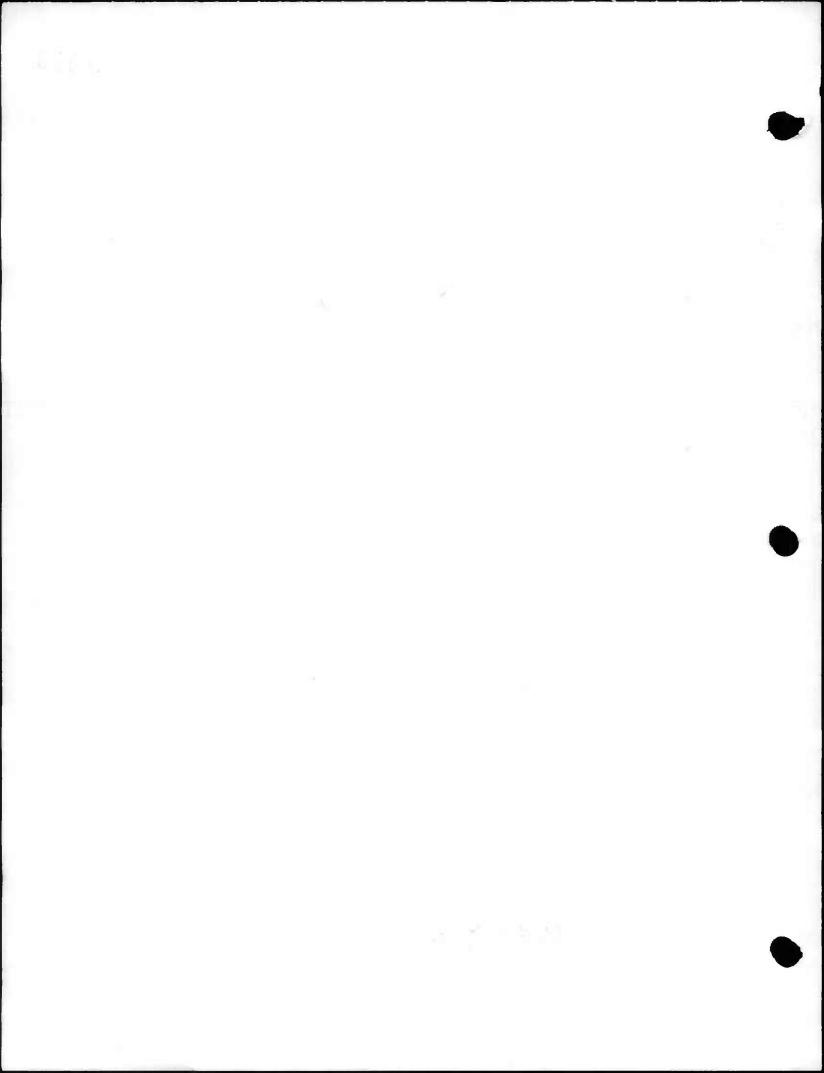


TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF A	MARYL					EALTH A		IENT	TAL HYGIENE REG. NO.	Ē		
1. DECEDENT'S NAME (First,	Middle, Last)			 							ATE OF DEATH			3. TIME OF DEATH
Charles E.	Watson	a, III (a	a.k.a	a. Ba	by B	ov Hu	rs	t "A")	۱ (7	NTH DAY	Y	YEAR 90	0510 P M
4. BOCIAL SECURITY NUMB		5. SEX		'In yrs. last t		IF UNDER 1 Y	_	IF UNDER 24	_		ATE OF BIRTH			IPLACE (State or Foreign
N/A		1 ☑ M 2 ☐ F		•		MONTHS D	AY8	HOURS	MIN.		lonth, Day, Year)		Count	ry)
9e. FACILITY NAME (If not in	attetion she a			9b. CITY, TOWN OR LOCATION OF DEATH						ryland				
		,								NI II		9c. COO	NIT OF L	PEAIT
Sinai Hospi		Baltimo	ore			Balt	ım	ore Ci	ıty					
10e. STATE	10b. COUNTY	,		- 1	10c. CITY,	TOWN OR I	LOCAT	ION		_				10d, INSIDE CITY
Maryland					В	altim	or	e						LIMITS?
10e. STREET AND NUMBER							101	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
2512 Brohaw	m Avei	nue						21	1230)			US	Δ
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN	U.S. ARM	ED	13. WA	S DEC				IGIN? (Specify Yes	or No-		E — American Indian,
1 Never Merried 2	Morried	FORCES? 1	YES	2 NO		If y	es, spi		Mexican	, Pue	rto Rican, etc.)	20.000	Biac Spec	k, White, etc.
3 Widowed 4 Divo	rced	IF TES, GIVE V	ann on Di	HIES		'-	_ TES	ZNO	эреспу.				Spec	White
15. DEC	EDENT'S EDU	CATION		16a. DECI	EDENT'S L	USUAL OCCU	JPATIC	ON .		Т	16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	life. E	Do NOT use	ork done dun retired.)	ng mo	st of working						
N/A					N	/A								
17. FATHER'B NAME (First, M	iddle, Last)							18. MOTHE	R'S NAM	AE (Fir	rat, Middle, Maiden	Sumeme)		
Charles E.	Watso	on, II						Trac	cie	Α.	Hurst			
19a. INFORMANT'S NAME (7	ype/Print)	_ :::::		19b.	MAILING	ADDRESS (S	treet e	nd Number or	r Rural Ad	oute A	Number, City or Town	n, State, Zij	p Code)	
Carol Hurs	t			25	12 B	rohaw	m	Ave.;	Bal	lti	more, M	d.	2123	0
20a METHOD OF DISPOSIT	n 3 🗆 Rem	oval from State	20b	o. PLACE O	F DISPOSI	ITION (Name	of cen	netery, cremate morial	tory or		20c. LO	CATION —		own, State
4 Donetion 5 Other 21. SIGNATURE OF FUNERA		ENSEE		riea	dowl			O ADDRESS		_		riage	e, m	aryland
>						How	ar	d H. H	Hubb	ar	d Funer	al Ho ltimo	ome,	Inc. Md. 21229
23. PART I. Enter the d	iseeses, or	complications the	at ceused	d Ab a who a										
					th. Do no	ot enter th	e mo	de of dying	g, such	1 08 0	cardisc or reepl	ratory sr	rest,	Approximate
		Liet only one car			th. Do no	ot enter th	e mo	de of dying	g, such	1 08 0	cardisc or reepl	ratory sr	rest,	Interval Between
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IMMEDIATE CAUSE (Fir		s. DUE TO	COLOR AS A	ach Ilna.	espu	aten	1			-	· ·			Interval Between
IMMEDIATE CAUSE (Fir		s. DUE TO	COLOR AS A	ach Ilna.	espu	aten	1			-	· ·			Interval Between
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. I	10.		
1. DECEDENT'S NAME (First, Middle, Last) Shir	ley Martha	Watson	·		2. DATE OF DEATH	DAY	YEAR 990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. S	6. AGE (140	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 3-9-19		Country	PLACE (State or Foreign y) aryland
9a. FACILITY NAME (If not institution, give street at 4102 West Bay Co	•	96		imore	City	9c. COUN	ITY OF D	EATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			OWN OR LOCAT					10d. INSIDE CITY LIMITS?
Maryland =====		Dal	timore	. ZIP CODE		10g. CITIZ	ZEN OF W	1 K YES 2 NO WHAT COUNTRY?
4102 West Bay				21225			J.S.	
1 Never Merried 2 V Merried	WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	if yes, sp	ecify Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc.)		Speci	E — American indian, k, white, atc.
	ON Sleted) Slege (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo tired.)	ON st of working	32.2	BUSINESS/IND		
8th Grade 17. FATHER'S NAME (First, Middle, Last)		Zip Co	der	18. MOTHER'S NA	ME (First, Middle, Mai	undel I	lail	ing
	Walner			2012 124 157	ie Rehm			
19e. INFORMANT'S NAME (Type/Print)		47 95 1	A COLUMN TO SERVICE		Route Number, City or			
Nancy Marshall	1				altimore			
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		other plece) Woodlawn				LOCATION —		Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENS		/	22. NAME A	O ADDRESS OF FA	CILITY			
Decome In	amuous	for			ce Funer			
23. PART Y. Enter the diseases, or companies, or heart feiture. List immediate cause (Fine disease or condition resulting in death) Sequentially liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	OUE TO (OR AS A	a consequence of): A consequence of):	rocm	emma	of lean	,		Approximate interval Between Onset and Death
PART II. Other/significant conditions co	ntributing to death in	out not resulting in t		g cause given in	PER	AN AUTOPSY FORMED?	24b	WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	0	28. P	LACE OF OEATH (Ch	neck only one)			
1 YES 2 NO 1	Inputient 2 ER/Out	patient 3 DOA 4	Nursing Hor	JURY AT	8 Other (Specify)	OW INJURY OCC	CUREO	-
1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y W	YES 2 NO				
2 Accident investigation 3 Sulcide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	f — At home, farm, stre city)	et, factory, offic	:0	28f. LOCATION (St. City or Town, S		or Rural i	Route Number,
299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O								a) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				P227		29d. DAT	E SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	1 Kman	mo the	m bar	Hospi	Yal C:	enter		
31. DATE FILED MATIN, 27.7911990	Julia Davidse	ATURE Andalla		L				

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within contents after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-translet be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

OHMH-16 Rev 1/89

0.018 **N**

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

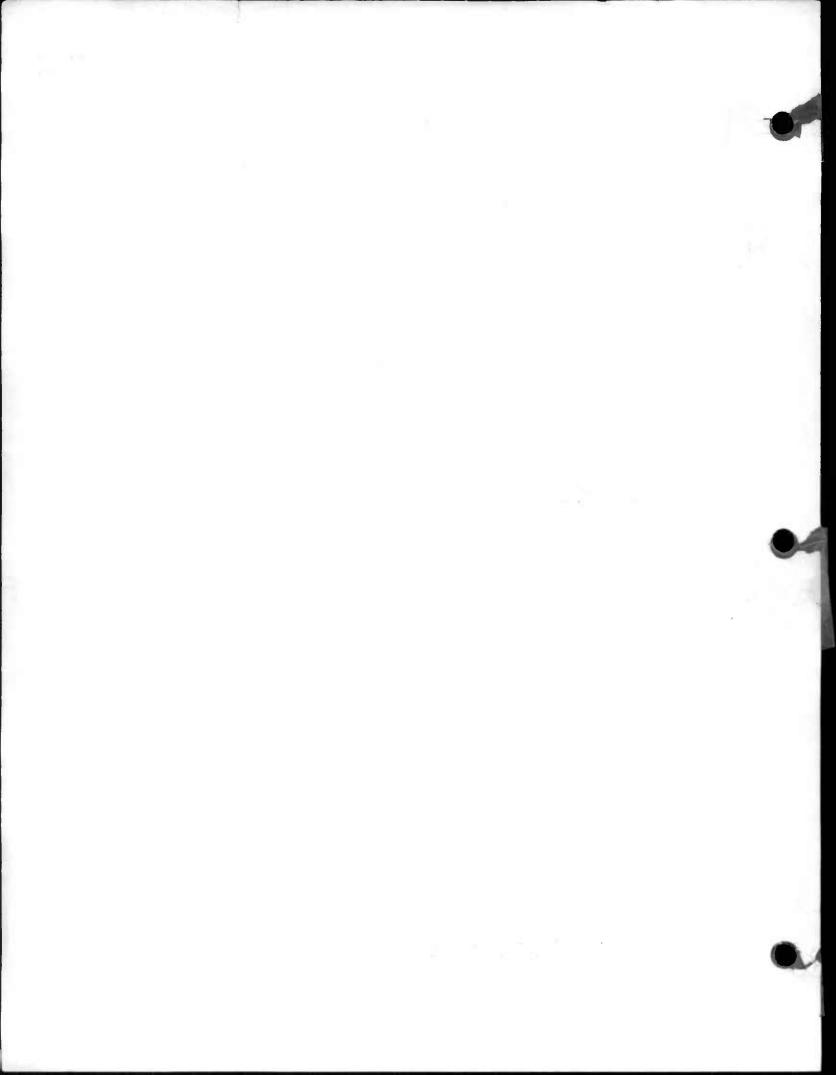
BALTIMORE, MARYLAND 21203-3146 Z ours after death. Page 6 may be retained by the hospital or attending providen STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	MAX CLAY	IS WEICHS	ELDORFER	2. DATE OF DEATH MONTHD.	AY (YEA	3. TIME OF DEATH	
	MAX	WEICHSE	LDORF	$\exists <$	7 2	4 91	6 lieban "	
	4. SOCIAL SECURITY NUMBER /	5. SEX 6. AGE (I		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	09 0	SIRTHPLACE (State or Foreign Country) USA	
DIRECTOR	90. FACILITY NAME (If not institution give a TAUSTON UE)	treet end number)	TAX_ 96	CITY, TOWN OR LOCATION OF DI FAUSTOI	EATH	9c. COUNTY		
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY	
	MARYLAND HA	RFORD	BE	L AIR			1 YES 2 NO	
FUNERAL	1343 VANDERBILT	RD.		101. ZIP CODE 21014	ļ		S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISPAI If yee, specify Cuban, Mexica 1 YES 2 X NO Specifi	in, Puerto Rican, etc.)		RACE — Americen Indien, Bleck, White, etc. Specify: WHITE	
	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S USU	JAL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		done during most of working tired.)				
NO.	17. FATHER'S NAME (First, Middle, Last)		TOOL&DIE		STFF	MANUF Surname)	ACTURE	
BE C	JOHN WEICHSEL	.DORFER			DA SHRANK	,		
TO B	19e. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or Rural			,	
F	WALTER WEICHSELD			NDERBILT RD. E	7.			
	20a. METHOD OF DISPOSITION 1 V Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	PARKWOOD	Name of cemetery, crematory or 7/27/90		ALTIMOR	CHE IN MILE	
	21, SIGNATURE OF FUNERAL SERVICE LIC	DENNIS C	CAPITANO	LEONARD J. R	BALII	MORE ME 305 HAF	D. 21214 RFORD RD.	
	23. PART I. Entar the diseases, or			antar tha mode of dying, suc	ch as cardiac or resp	iratory srrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final							
	disease or condition resulting in desth)	NE	SPIRATON	7 HILINGS	10		MINUTES	
	_	DUE TO (ON APP)	SAA D	Forlue.			days	
2	Sequentielly list conditions, if eny, leading to immediate	DUE TO TOR AS A	CONSEQUENCE OF):	Mana	30.4		0000	
S	cause. Enter UNDERLYING CAUSE (Disease or injury	•) 3	SEMULA CONSEQUENCE OF:	TE /1157AS	, , ,		monts	
CERTIFICATION	that initiated events resulting in death) LAST	4	CONSECUENCE OF J.		ADENDO	ucu	ous	
	PART II. Other significant condition	ns contributing to deeth b	ut not resulting in t	he underlying cause given in	Part I. 24s. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICAL					1 - YES	PMED?	COMPLETION OF CAUSE OF DEATH?	
					_		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN: ME	EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C) THER: Nursing Home 8 Residence			1	
Ή	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED	
ВУ Б	1 Natural 5 Pending 2 Accident Investigation		17.10	M 1 YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, office	281. LOCATION (Street City or Town, State	end Number or R	Rural Route Number,	
COMPLETED	ana)			nt the time, date end place, end du n my opinion, death occured at the			ouse(e) and manner as stated.	
TO BE C	296. BIQUATURE AND TITLE OF CERTIFIE	> 1VA-6	4	HD DZZ	IMBER COST	29d. DATE SIG	ONED (Month, Day, Year)	
F	2003 ROCU	HO COMPLETED CAUSE OF DE	ATH (ITEM 7) (Type, Pri	FOREST	Hice, 1	md	21050	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					
	L JUL 27 1990	Fishe Devidson-Re	ndett.	·			DHMH-18 Rev 1/8	

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-1 urs after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hyghene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	h certif	Buipu	Hygier	or oth	
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STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CI	RTIFICATE	OF DEAT	Ή	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND .		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)		,		2. DATE OF OEATH	3. TIME OF DEATH			
,	ROBERT A.	WARD			MONTH DAY	YEAR 1.1990 1:15 DM			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. le		1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. BIRTHPLACE (State or Foreign Country)			
	220-14-3582 13	☑ M 2 □ F 75	YRS. MONTHS	DAYS HOURS MIN.	6/15/15	Maryland OUNTY OF OEATH			
۳ ا	6 WATERWAY CT.	•	30. 011	i, town on Education or de		BALTIMORE			
5	RESIDENCE OF DECEDENT								
DIRECTOR	MD BALTI	MODE	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS?			
	104. STREET AND NUMBER	TORE		: int. zie CODE	10g. (1 YES 2 X NO			
FUNERAL	6 WATERWAY CT.	- Δ P Τ 1 D		21204	CTI.	USA			
3		. WAS DECEDENT EVER IN U.S. A	RMED 13.	WAS DECENDENT OF HISPAP	NIC ORIGIN? (Specify Yea or No-	- 14. RACE - American Indian,			
	1 Never Married 2 Married	FORCES? X X YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Mexica 1 ☐ YESX X NO Specify		Black, White, atc. Specify:			
BY	3 Wildowed 4 NOtvorced					white			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (ECEDENT'S USUAL (Give kind of work done le. Do NOT use retired.)	during most of working	18b. KINO OF BUSINESS	INDUSTRY			
2	Elementary/Secondary (0-12) of unknown	College (1-4 or 5+)	computer	analyst	computer	•e			
MO	17. FATHER'S NAME (First, Middle, Last)		Jompaces		ME (First, Middle, Maiden Sumam				
BE C	Robert R. WArd			Grac	e A. Ward				
TO B	19s. INFORMANT'S NAME (Type/Print)	1		S (Street and Number or Flural	Route Number, City or Town, State,	10.00			
F	Charles Stein				wson, MD 2	1204			
х	20s. METHOD OF DISPOSITION [X1X] Burial 2 Cremation 3 Remova	I from State 20b. PLAC	E OF DISPOSITION (A	Comotory, cremetory or	Balti	— City or Town, State			
	4 Donation 5 Other (Specify)			NAME AND ADDRESS OF		more, MD			
	1.1.11/	1	-		shton Funer	al Home.PA			
- 12	Willes			736 Edmond	son Ave/Bal	to MD 21229			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the moue of cyling, such as conto oliratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Due to (or as a consequence of): Due to (or as a consequence of):								
	IMMEDIATE CAUSE (Final disease or condition	cute.	· un c	ordeal	2 meligon	Onset and Death			
	reaulting in death)	DUE TO (OR AS A CONS	EQUENCE OF:		_:/_	sucare			
_	ر. <u>م</u>	water)	~	siles	resociar	ahs 0-			
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE OF):						
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	1000							
빌	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):						
CERTIFICATION	d								
'AL	PART li. Other algnificant conditions of	contributing to death but not	t resulting in the u	inderlying cause given in	Part I. 24s. WAS AN AUTOF PERFORMED?				
20	spira	2	lene	ree	1 _ YES 2 _ TO	COMPLETION OF CAUSE OF DEATH?			
¥	-1/0	CVH			_ / `	1 U YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26, PLACE OF DEATH (C	back and and	,			
PHYSICIAN: MEDIC	EXAMINER?	IOSPITAL:	3 DOA A DW						
H	27 MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED			
ВУ Р	Netural 5 Pending Investigation	(Month, Day, Year)	INJURY M	WORK?					
	2 Necident investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY At building, etc. (Specify)	home, farm, street, fa	ctory, office	28f. LOCATION (Street and Nut City or Town, State)	mber or Rural Route Number,			
COMPLETED									
MPL	one)	AN: To the best of my knowledge,							
8		Distribe basis of examination and/	or investigation, in my			to the cause(s) and manner as stated.			
BE	296 SIONADHRE AND TITLE OF CERTIFIES	Jan	(29c. LICENSE MU	91/1	DATE SIGNED STORM, ONE WAS			
0	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH II	TEM 27) (Tigas, Print)	17	16	16041			
	Wn Rec	iner	5	222	S7. 49	ed ST			
	JUI 27 1990 4	32. REGISTRAR'S SIGNATURE				468			



AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-I	or removal.	it is the self is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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0	107	2 ho	file

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MV VEA	3. TIME OF DEATH
	WILLIAM	Α.	YONKE	RS		July 25	- 1947	
		The second second		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month Day Vest)		RTHPLACE (State or Foreign puntry)
	270-01-2001 11	⋈ м _ 3 79	YRS.			.2-1-191] II	llinois
_	9a. FACILITY NAME (If not institution, give street	and number)			R LOCATION OF DE	ATH	9c. COUNTY C	OF DEATP
	Keswick Home			Baltin	lore			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY
	Maryland		Bal	timore	2			tXXYES 2 □ NO
AL	10e. STREET AND NUMBER				ZIP CODE	·	100	OF WHAT COUNTRY?
FUNERAL	700 W. 40th Str				21218		U.S.A	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Never Merried 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES IF YES, GIVE WAR OR DATES	™NO		cify Cuban, Maxica	IC ORIGIN? (Specify Yon, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: HITE
ED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16/	e. DECEDENT'S US	SUAL OCCUPATION	N at of working	16b. KIND OF BU	JSINESS/INDUST	TY .
	Elemantary/Secondary (0-12)	College (1-4 or 5+)		k done during mo retired.)	n or working			
COMPLETED		Years	Engine	er		Elect		
	17. FATHER'S NAME (First, Middle, Last)	W. T.	on le o se o		Mabel	ME (First, Middle, Malde		
BE	Edward Hen: 19a, INFORMANT'S NAME (Type/Print)	ry YC	nkers	DDRESS (Street a		Route Number, City or To	Block	
5	William F. Yonk	ers				Baltimo		21210
	20a. METHOD OF DISPOSITION	20b. PL	ACE OF DISPOSIT				OCATION City	
	1 Donation 5 Other (Specify)		her place) een Mou	nt Cer	netery	Ba	1timor	e,Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	slav		Will:		JOhnson,		neral Home on, MD21204
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):		ase.			Onset and Death O MYS 2 415
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions	contributing to death but	not resulting in	tha undariyin	g cause given in	0.000	IN AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	eck only one)		
S		OSPITAL:		OTHER:	e 5 🗆 Residence	6 Other (Specify)		
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	/ INJURY OCCUR	ED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, st	reet, factory, offic	•	28f. LOCATION (Stree City or Town, Star		tural Route Number,
COMPLETED	(Orlock Orly	AN: To the best of my knowledge. On the basis of examination as						use(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	HITEM 27) (Type I	rica / De F	DO 9	768	29d. DATE SIG	SNED (Month, Day, Year) Tuly 1990
	Aubro	ey D Kich	ardson	M. J	\			
	JUL 27 1990 July	Javidson Rand	URE					

July 11 Mary States Street

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has by	be filed within 72 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23

TO SECRET SHAME (Proc. Mace). A SECRET SEA AND A SECRET S		1 - STATE REGISTRAR	STATE OF MA							MENTA	REG. NO.	E		
Agnes T. Zylks 1. Sez. J. Sez				- OLI		ICAIL	- 01	DEA	''	2. DAT				3. TIME OF DEATH
SOUND SCICIOTY NAME OF A 9780 S. SEZ S. M.G. Styr. in bringly Stocket true Stocket true S. COUNT OF STATE S. M.G. Styr. in the CTY, 1994 of LLCALING OF SEAT S. M.G. STYR IN MARK OF A STATE OF MARKET STATE S. COUNT OF STATE S. CO			mes T.	Zvlka					-					40.35 A M
The support of the su					irthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH		8. BIRTI	HPLACE (State or Foreign
AND SET AND CONTROL OF SERVE A		215 03 9780	☐ M 2 💢 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.			4		**
19. STREET AND NAMED 11. SATURE 1			end number)	17										
19. STREET AND NAMED 11. MACE 12. DE LIGHT 12. WAS DECEMBED TO HE REAL SAMED 12. WAS DECEMBED TO HE REAL SAMED 13. WAS DECEMBED TO HE REAL SAMED 13. WAS DECEMBED TO HE REAL SAMED 14. WAS DECEMBED TO HE REAL SAMED 15. WAS DECEMBED	Œ	1159 Blue Bird	Tane				Crow	mevi	110		4	Δν	ne A	Inndel
19. STREET AND NAMED 11. SATURE 1	5	RESIDENCE OF DECEDENT										***	<u> </u>	
19. STREET AND NAMED 11. MACE 12. DE LIGHT 12. WAS DECEMBED TO HE REAL SAMED 12. WAS DECEMBED TO HE REAL SAMED 13. WAS DECEMBED TO HE REAL SAMED 13. WAS DECEMBED TO HE REAL SAMED 14. WAS DECEMBED TO HE REAL SAMED 15. WAS DECEMBED	2											LIMITS?		
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The properties of the continue of the control of th	빌			THE IN CLO ADM		140	W 0 DE0		7	0.000	100 00 16 - W-			
TO TO TO THE SECRET TO THE SEC			FORCES? 1	YES 2 NO			If yes, spe	city Cube	n, Mexicen	, Puerto		or No-	Blec	ck, White, etc.
TOSEPH TRAINING DOSESS (Store and Municor or Paul Rock Municor or Paul Rock Municor or Paul Rock Municor or Paul Rock Municor or Paul Rock Municor or Paul Rock Municor Or Paul R	B	3 🔀 Widowed 4 🗌 Divorced	IF TES, GIVE WAN	OH DATES			I 🗌 YES	2 KJ NO	Specify:	:			Spec	
TOSEPH TRAINING DOSESS (Store and Municor or Paul Rock Municor or Paul Rock Municor or Paul Rock Municor or Paul Rock Municor or Paul Rock Municor or Paul Rock Municor Or Paul R										16	b. KIND OF BUS	INESS/IN	DUSTRY	
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200, BELLOCK OF DEPOSITION (Name of country) and 20132 201, METHOD OF DEPOSITION (Name of country) committees or other places. 201, Baurial 2 Chromation 1 2014 (Name of Country) country or other places. 202, Deposition 1 2014 (Name of Country) country or other places. 203, Deposition 1 2014 (Name of Country) 204, Deposition (Name of Country)			Τ-											
21. SIGNATURE OF PLACE SETTINGE LICENSEE 22. NAME AND ADDRESS OF FACILITY GONCE Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one ceuse, an each line. 33. PART II. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Insterial Between Ones of Market Insterial Between Ones o				the same of the sa						Gr				
21. SIGNATURE OF FINERAL SERVICE LICENSEE 22. AMAR AND ADDRESS OF FACILITY GOINGE Funeral Home P.A. 400 Ritche Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Ones and Light Company are countributed and the control of the con			from State	other place	0)									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between disease or condition. MMEDIATE CAUSE (final interval Between ones and Death of the part of the	4	21. SIGNATURE OF FUNERAL SERVICE LICENS			CI						Dal	TIMO	ore,	Marytand
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, interval Between Guest and Death Countries. Interval Between Guest and Death Countries. Interval Between Guest and Death Countries. Interval Between Guest and Death Countries. Interval Between Guest and Death Countries. In any, I seeding to immediate Guesse or conditions. In any, I seeding to immediate Guesse or conditions. In any, I seeding to immediate Guesse or conditions. In any, I seeding to immediate Guesse or conditions. In any, I seeding to immediate Guesse or conditions. In any, I seeding to immediate Guesse G		Rard	6 8	ances										167
Shock, or heart fellure. List only one ceuse, on each lige. Image: CAUSE (Fill of Cause) Constant Cause (Cause) Cause		0												
Sequentially list conditions, any, leeding to immediate course. Enter UNDERLYING CAUSE (Disease or Injury that inititeded events resulting in death) LAST					th. Do	not enter	the mo	de of dy	ing, such	n aa ca	rdiac or respl	ratory a	rrest,	Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO			()	/	()							Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PRONGS AMALASE PRICK TO CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. NAMER OF DEATH 28. NAMER OF DEATH 29. DATE OF INJURY 29. INSURED INJURY AT WORK (Mornt, Day, New) 29. CERTIFIER 1 Segurity INDURY (Check only one) 29. CERTIFIER 1 Segurity INDURY (Check only one) 29. CERTIFIER 1 Segurity INDURY (Check only one) 29. CERTIFIER 1 Segurity INDURY (Check only one) 29. CERTIFIER 1 Segurity INDURY (Check only one) 29. CERTIFIER 1 Segurity INDURY (Check only one) 29. CERTIFIER 1 Segurity INDURY (Check only one) 29. CERTIFIER 1 Segurity INDURY (Check only one) 29. CERTIFIER 1 Segurity INDURY (Check only one) 29. CERTIFIER 1 Segurity INDURY (Check only one) 20. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated. 29. SIGNATURE AND XITES OF CERTIFIER 20. DATE OF INJURY AT (Pap., Print) 20. MANNER AND ADDRESS OF PERSON WHO COME CERD CAUSE OF DEATH (TEM 27) (Pap., Print) 20. MANNER AND ADDRESS OF PERSON WHO COME CERD CAUSE OF DEATH (TEM 27) (Pap., Print) 20. MANNER AND ADDRESS OF PERSON WHO COME CERD CAUSE OF DEATH (TEM 27) (Pap., Print) 20. MANNER AND ADDRESS OF PERSON WHO COME CERD CAUSE OF DEATH (TEM 27) (Pap., Print) 20. MANNER AND ADDRESS OF PERSON WHO COME CERD CAUSE OF DEATH (TEM 27) (Pap., Print) 20. MANNER AND ADDRESS OF PERSON WHO COME CERD CAUSE OF DEATH (TEM 27) (Pap., Print)			DIA TO 40	CAPE A	auch à	and	w	(_				this
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 curs after death, Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be fied within 72 hours after death with the state begit, of relating and weinla hygiene prior to during, or eminora.	MPORTANT: If Item 28 is market, of Item 23 shows any injury, of other traumant event, the medical examiner must be notined at once.
TO THE HOSPITAL DR	TO THE FUNERAL DIR	be filed within 72 hour	IMPORTANT: If Iten

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	nelson an	2. DATE OF DEATH MONTH DAY

	1120.011011													
	1. DECEDENT'S NAME (First,	Middle, Last)	ASKEY	ے ،	SR.					2. DATE OF E	DAY		YEAR	1035 M
- 1	4. SOCIAL SECURITY NUMB	ER	5. SEX 6. A	GE (In yrs. les	t birthday)	IF UNDER 1 1	/EAR	IF UNDER	24 HRS.	7. DATE OF B	HTTH		8. BIRTHP	LACE (State or Foreign
- 3	THE CANADA STATE OF THE STATE O		1 X M 2 F	79			MYS	HOURS	MIN.	(Month, Den 10-2	(Year)	10	Country)	
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	9a. FACILITY NAME (If not ins					9b. CITY, T							TY OF DE	
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K I	RESIDENCE OF DEC	EDENT												
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DIRECTOR	MD	1	Vicomico			Sal	is	bury	/					1 YES 2 □ NO
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5	11. MARITAL STATUS		12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. AR	MED					IIC ORIGIN? (Sp		or No	14. RACE - Black,	- American Indian, White, etc.
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	3 N MIGOMAG 4 DINO	rcea												
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	20a, METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPOS	ITION (Name	of cer	netery, crev	natory or		20c. LOC	CATION —	City or Tow	rn, Steta
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A	if any, leading to imme cause. Entar UNDERLY													
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=	that initiated events reaulting in death) LAS	т Т	00E 10 (BR	AS A CONSE	DULINOE OF	<i>y</i> -								
1	rounting in dudiny area		d											
	PART il. Other algnifica	ent condition	ne contributing to do	th but not	moulting i	e the und	erlyin	0.001100	aluma in	Dort i 24	. WAS AN	Almoney	245	WERE AUTOPSY FINDINGS
4				tur but not	0	el ure unu	ortyni	g cause	Aiseil III	Part I. 24	PERFDA		240.	AVAILABLE PRIOR TO
EDICAL		UNIN.		12/4	Ci	<u>ب</u>		. /		10	YES 2	1 NO		COMPLETION DF CAUSE OF OEATH?
	sourche	cens	DAN VA	SCULA	na	Lell	200	X5					1	1 TYES 2 NO
≥										_				Hall at All So
AN	25. WAS CASE REFERDED T	O MEDICAL					28 P	ACE OF	DEATH //^	eck only one)				
PHYSICIAN:	EXAMINER?	- mediane	HOSPITAL:		_ 1	OTHER:								1
YS	1 TYES 2 MD		1 Inpatient 2 - ER				_		esidence	6 Other (S)				
H	27. MANNER OF DEATH	Erse	28e. DATE OF INJ (Month, Day,)		28b. TIM INJ	E OF 2		JURY AT DRK?		28d. DESCRI	BE HOW I	NJURY OC	CURED	
BY	1 Natural 5	Pending investigation		000	0.52	M		YES 2	NO					
	a Dudalda	Could not be	28e. PLACE OF IN	JURY — At h	ome, farm, s	treet, factor	ry, offic	200		26f. LOCATIO		and Number	r or Rural A	oute Number,
Ш	4 Homicide	determined	building, atc.	(Specify)						City or R	own, State)			
COMPLETED	204 CENTIEIS							-		L				
7	Othern offing	TIFYING PHYS	SICIAN: To the best of my	knowledge, d	eath occum	ed at the tim	ie, date	and place	e, and due	to the cause(s) and man	ner as sta	ted.	
N	one) 2 MED	ICAL EXAMIN	ER: On the basis of axemi	ination and/or	Investigatio	n, in my op	inion,	death occu	red at the	tima, date and	d place, an	d due to th	he cause(a)	and manner as stated.
	29b. SIGNATURE AND TITLE	e or kenner	à :				_	290 110	ENSE NU	MOED	7	294 DAT	E SIGNED	(Month, Day, Year)
8	5() ()	1 1	n/					29G. LIC	CHOC NU	- 41		290. DAI	7/0/-	(Inochii, Day, Idai)
2	Word	1 ///	Simo	CW					302	345		1	1819	U
-	30. NAME AND ADDRESS O	PERSON W	HO COMPLETEO CAUSE O	OF DEATH (ITE	EM 27) (Туре,	Print)			_					
	Enums.	J. M	GINNS,	MD	1111	mes	5	F	SALI	500-	6 /	no -	7180	,
1	31. DATE FILEO (Month, Day,	Year)	32. REGISTRAR'S	SIGNATURE							''	. 0		,
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V	The	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% nours after death. Pe	
/ISION	ATTENDING	
S	S.	
	HOSPITAL	
	포	

- 1	1. DECEDENT'S NAME (First, Mi	nocho, Lasty								2. DATE OF C	DAY	Y	EAR 3.	TIME OF DEA	TH
	Hilda		Mae			nderso					10/90			5:07	F
	4. SOCIAL SECURITY NUMBER	٩	5. SEX	6. AGE (In yrs. I				IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, De)	(Year)		BIRTHPLA Country)	ACE (State or I	oreign
	220-10-9722		1 M 2 F	80	YAS.						17/10			bury	
æ	9a. FACILITY NAME (If not institu	tution, give	street and number)				TOWN OR		ON OF OEA	TH		9c. COUNTY		H	
DIRECTO	Rt6 Box 638	Zio	n Rd.			Sa	alisb	ury				Wicor	mico		
ا ليَ		0b. COUNT	ry		10c. CI	TY, TOWN OF	LOCATION	N					10	d. INSIDE CIT	Y
15.	Maryland	Wico	mico		Sa	lisbur	cy						1 (YES 2 X	NO
FUNERAL	10e. STREET AND NUMBER						10f. Z	IP CODE			1	10g. CITIZEN	N OF WHA	T COUNTRY?	
	Rt 6 Box 63	8 Zi						180					SA		
5	11. MARITAL STATUS 1 Never Married 2 Ma	arried		1 YES 2 2						C ORIGIN? (S _f Puerto Rican		No- 14	Bleck, W	American inc hite, atc.	lan,
à l	3 Widowed 4 Olvorce		IF YES, GIVE	WAR OR DATES		1	YES 2	₩ NO	Specify:				Specify:	White	
9	15. DECED	ENT'S EDU	UCATION			S USUAL OC				16b. KIN	D OF BUSIN	IESS/INDUS		viiire	-
COMPLET	(Specify only his Elementary/Secondary (0-12)		College (1-4 or 5	- /	(Give kind of life. Do NOT	work done di use retired.)	uring most o	of working	9						
į	6 Years		NO		Sale	sperso	on			G	enera	al Sal	les		
3	17, FATHER'S NAME (First, Middle	de, Last)					1	IS. MOTH	IER'S NAM	E (First, Middle	, Maiden Su	mame)			
BE (Henry Whayl								ETTY	MA		EARNE			
2	19a. INFORMANT'S NAME (Type						DOM: NO			oute Number, C					
	Robert Walt									y, Mar					
	20a METHOD OF DISPOSITION 1 Derivation		noval from State	other	place)	OSITION (Nen			atory or			TION — City			
	4 Donation 5 Other (Sc 21. SIGNATURE OF FUNERAL S		ICENSEE	_ F	Parson	ns Cen	neter		20 05 540	II STV	Sali	sbury	y Mai	ryland	_
	23. PART I. Enter the disa shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	ırt fallura.	a. Re	at caused the tuse on each li	1-02 ·	not enter t	ollow Ol Sm	low	Hill	ral Ho Rd. S	alisb	OUTY.	Mary	Approximately Approximately Interval Onset are	et
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N: MEDICAL CERTIFICATION	shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	na, atte	a. DUE TO DUE TO DUE TO C. DUE TO DUE TO	O (OR AS A CONS	SEQUENCE	orp:	ollow Ol Sn the mode	te Lu	Hill ng, such SF	ral Ho Rd. S as cardisc	alisb	utopsy	24b. Wf	Approxim	Helphan Service Control of the Contr
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3. TIME OF DEATH 10:23 8. BIRTHPLACE (State or Foreign

> 10d, INSIDE CITY LIMITS? 1 TYES 2 NO

14. RACE — American Indian, Black, White, etc.

24a. WAS AN AUTOPSY PERFORMED?

1 TYES 2 NO

eral Home, Inc.

20707

Approximate interval Between Onset end Death 4 day

6 MOS

WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

BE COMPLETED BY FUNERAL DIRECTOR

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an fours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached tilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR 1 - STATE REGISTRAR	STATE OF I	MARYL					HEALT			MEN	TAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) Sue E. Anderson											ONTH 7	9	90	3. T	10:2
ŀ	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. las	t birthday)		ER 1 YEA		_	24 HRS.	7. D.	ATE OF BIRTH Jonth, Day, Year)		8. BIRT		E (State or
Ì	233-26-7207	1 🗆 M 2 💢 F		72	YRS.	MONTHS	DAY	S HOUR	18	MIN.		4-11-18				Virg
Ì	9e. FACILITY NAME (If not institution, give					9b. Cl	TY, TOW	N OR LOC	ATIO	N OF DE	EATH		9c. CO	UNTY OF		
	Greater Laurel B	eltsville	e Hos	spita	al	La	ure	1					Pr	ince	Ge	orge
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry			10c. CIT	Y, TOWN	ORLO	CATION							10d.	INSIDE CI
Ì	Maryland Anne					aure	_	0411011							1	LIMITS?
Ì	10e, STREET AND NUMBER	Aranger			L	aure	1	10f. ZIP C	ODE				10g C	TIZEN OF		COUNTRY
	231 Spring Gap	South							07	24			log. Of		SA	
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 🖫	MED (O	1	If yes,		uben	, Mexica	in, Pui	RIGIN? (Specify Yearto Rican, etc.)	s or No—			merican in ite, etc. hite
	15. DECEDENT'S ED			16e. DE	CEDENT'S	USUAL.	OCCUP/	ATION	nrkine	,	\Box	16b. KIND OF BU	JSINESS/II	NDUSTRY		
ı	Elementary/Secondery (0-12)	College (1-4 or 5	+)	life.	Do NOT u	se retired	(.)	most of wo	ar can ng	•						
	12	0			Sec	cret	ary					Hanu	fact	uring	α	
	17. FATHER'S NAME (First, Middle, Last)											irst, Middle, Maide	Surname)			
	Henry Hiner							i	la;	y Li	itt	le				
ŀ	19e. INFORMANT'S NAME (Type/Print)	417										Number, City or To		Zip Code)		
ŀ	William D. Ander	son		2	231 9	Spri	ng (Gap S	Soi	uth	L	aurel,	11D	20724	4	
	20m/METHOO OF DISPOSITION	novel team State	20	b. PLACE other pl				cemetery,						- City or 1		State
ı	4 Donetlon 5 Other (Specify)	noval troil State	-	1	Ft	. L	inco	oln (Cei	nete	ery	Br	entw	ood,	MD	
١	21. SIGNATURE OF FUNERAL SERVICE L	INTERNATE	/	7		2	2. NAME	E AND ADD	PES	S OF FA	CILITY	Fleck	Funo	ral I	-lom	o Ir
ł	> Valall	Xula	a	6,	/	ı	760	1 Sar	nd	v Sr	nri	ng Rd.	Laur	ol l	KD TOIL	2070
1	23. PART I. Enter the diseases, or	complications th	t cause	d the de	ath. Do										'ILJ	Approxi
	ahock, or heart fallure															interval Onset e
l	IMMEDIATE CAUSE (Final disease or condition		/	7		n.	1	0.0.							i	2/
	reaulting in deeth)	a. DUE TO	10BAS	A CORSE	OUENCE O	904	-7X	uuu	re	2					-	4
l			Λ.		A AAA	1	P	lens	1						j	1.
ı	Sequentially list conditions,	b	OR AS	A CONSE	OUENCE C	ICI	7	COV	X						<u> </u>	_ (C)
١	if any, leading to immediate cause. Enter UNDERLYING					. ,.	U		O							
	CAUSE (Disease or injury	c	O (OR AS	A CONSE	QUENCE (OF):									+	
	that initiated events resulting in death) LAST		N S	1 7												
		d													-+	

					1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nur	26. PLACE OF DEATH (C/ R: sing Home 5 \square Residence		
27. MANNER OF DEATH Natural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUR	ED
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At ho building, atc. (Specify)	rme, farm, atreet, fac	tory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.

MEDICAL EXAMINER: On the beels of exa 290 SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER

D234

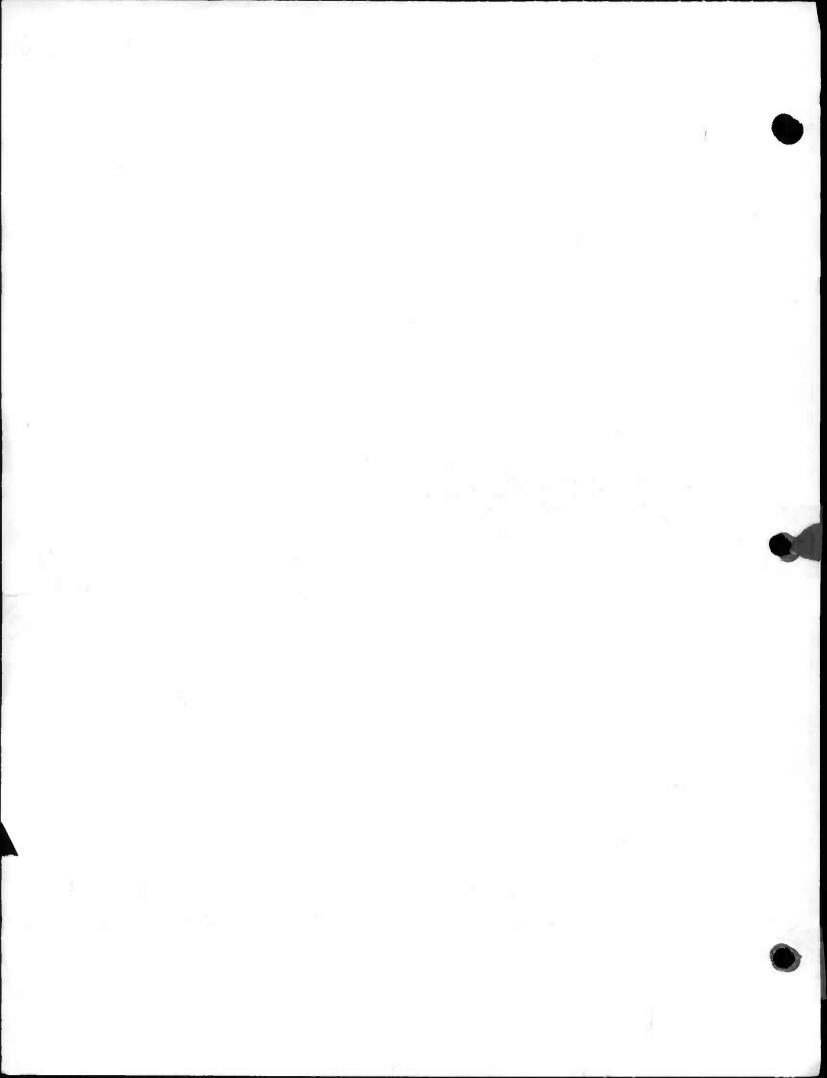
Mulan O. Madiam				
NAME AND ADDRESS	OF PERSON WHO	COMPLETED PAGE OF	PEATH (ITEM 27) (Type, Print)	(1

32. REGISTRAR'S SIGNATURE

PART II. Other eignificant conditions contributing to death but not requiting in the underlying ceuse given in Part I.

MIKING '90

DHMH-16 Rev 1/89



THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

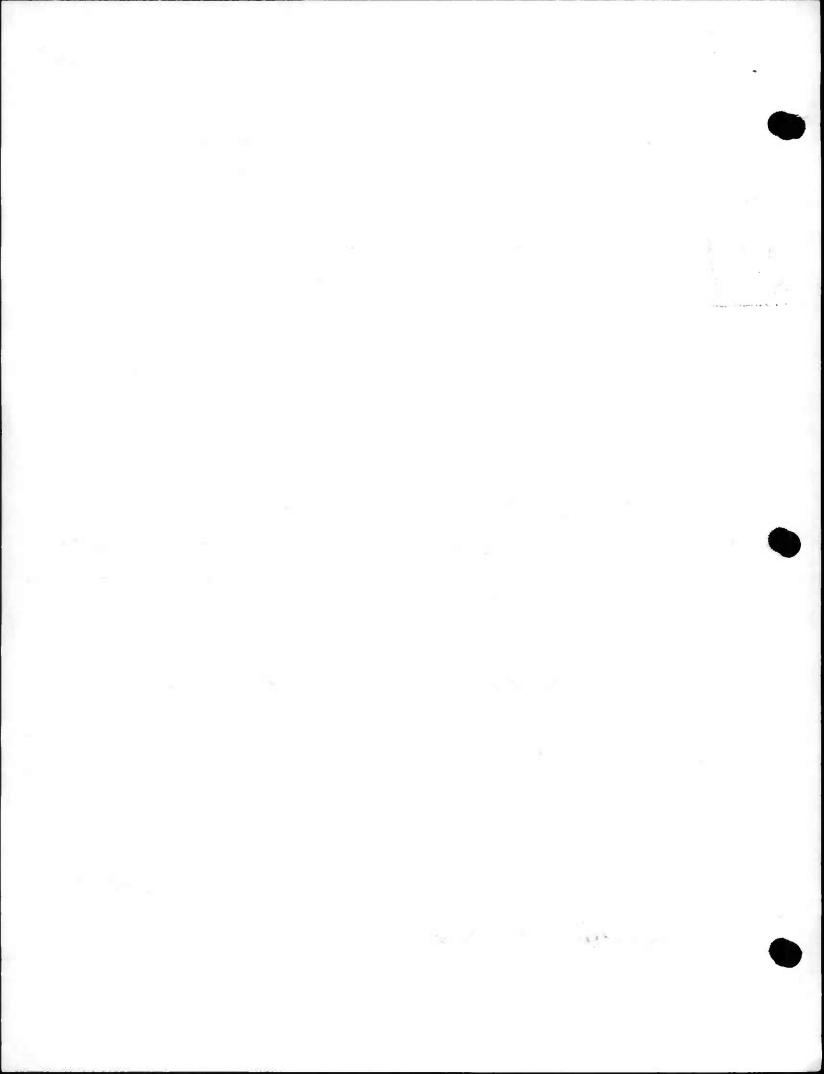
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E	0 60401	
	1. DECEDENT'S NAME (First, Middle, Last)	L Katherne	Adam	1.5		2. DATE OF DEATH	Y - QYEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign	1
	181-16-2953 9. FACILITY NAME (If not institution, give	1 M 2 F 70	YRS.	9b, CITY, TOWN C	HOURS MIN.	01/23/20		tsburgh, PA	4
DIRECTOR	Prince George's (General Hospi	ital	Cheve	rly		Princ	e George's	
	10a. STATE 10b. COUNT	ГҮ	10c. CITY	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY	1
	Maryland Prin	ice George's		Cheverly	ZIP CODE		10g. CITIZEN O	1 YES 2 □ NO F WHAT COUNTRY?	4
FUNERAL	6207 Kilmer Stree	et			20785		U.S	S. A.	1
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No.— 14. RA	ACE — American Indian, ack, White, etc.	1
2	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify		10.50	ecify:	١
	15, DECEDENT'S ED	UCATION		USUAL OCCUPATION		16b. KIND OF BU	I SINESS/INDUSTRY	White	1
	(Specify only highest grad Elementary/Secondary (6-12)	College (1-4 or 5 +)	(Give kind of v	vork done during ma ne retired.)	at of working				1
COMPLET	12th	2 yrs.	Teleph	one Ope		P.G. H		e: =	4
S	17. FATHER'S NAME (First, Middle, Last)			i e		ME (First, Middle, Maiden	Surname)		
BE	William A. Sweet	ney	T 401 MAN INC	400DF00 (0)		Schmitt Route Number, City or Tow	- 0 7 0	-	4
2	Henry Adams			ALCOHOLD TO SERVE		heverly, I			1
	20g. METHOD OF DISPOSITION	201:	. PLACE OF DISPOS				CATION - City or		H
	1 X Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	Gate of I	Heaven	Cemetery	Silv	er Spr	ing, Marylan	d
	21. SIGNATURE OF FUNERAL SERVICE L			22. NAME A	ND ADDRESS OF FA	CILITY			1
	1 Onek	Foren	1			s Sons Fu		ome, PA e. MD 20781	1
	23. PART / Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Anticons on a	ach ilne.	caretr	,	h aa cardlac or resp		Approximate interval Between Onset end Death	
ERTIFICATION	Sequentistly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):					
AL C	PART II. Other significant conditions of the con	one contributing to death by	out not resulting	In the underlyin	g cause given in	Part i. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
: MEDIC	Tymplima	premission	25			_		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	neck only one)			\dashv
Sic	EXAMPLER?	HOSPITAL:	patient 3 DOA	OTHER: 4 - Nursing Hon	ne 5 🗆 Residence	a Other (Specify)			1
F	27. MANNED OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		JURY AT	28d. DESCRIBE HOW	INJURY OCCURED		1
BY	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO				4
	3 Suicide 6 Could not be 4 Homicide determined	e building, etc. (Spec	/ — At home, farm, cify)	street, tectory, offic	:•	26t. LOCATION (Street City or Town, State	end Number or Rui)	ral Route Number,	
COMPLETED	anal and	SICIAN: To the best of my know						se(e) end menner ee stated.	1
	295. 9 GNATURE AND TITLE OF CERTUR	NER .			20c. LICENSE NU	MBER	29d, DATE SIGN	4EO (Month, Day, Year)	\dashv
BE	Typusto X- XI	hour WND	,		0212	30	17-8	-90	
2	30 NAME AND ADDRESS OF PERSON A	THO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	Print) Pa	dunal	Ca San.	ותר לנו	748	1
	31. ME FILED (Mogra Day, Year)	Jula Davidson-M	ATURE	1109	1-1-10	1		-	1

DIVISION OF VITAL RECORDS, F.C. BOX 13149, BALLIMONE, MANTLAND 21203-3140	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	; certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	tic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be es	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M					EALTH AND DEATH	MEN	TAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH	,	YEAR	3. TIME OF DEATH		
	NORA Mae	ALT								1990	TEAR	2:15 A M		
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.		ATE OF BIRTH fonth, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign		
1	217-10-1154	1 □ M 2 💢 F	69	YRS.	MONTHS	DATS	HOURS MIN.	_		20		~W.Va.		
	9a. FACILITY NAME (If not institution, give a	reet and number)			1		R LOCATION OF D				NTY OF D			
9	Memorial Hosp	<u>ital </u>				Cumb	erland,	Md		A	lleg	gany		
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CITY, TOWN OR LOCATION					<u> </u>	10d. INSIDE CITY				
E E	Md.	Allegany		F]	lints	tone	2					LIMITS?		
71	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?		
EB/	General Deliv	ery ery					21530				U.	S. A.		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT							IGIN? (Specify Yea	or No-	14. RAC	E — American Indian, k, Whita, etc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	☐ YES 2 🔯 I AR OR DATES	NO			2)(NO Speci		rto Rican, etc.)		Spec			
		<u> </u>				17.2000						***************************************		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	ive kind of	work done	CCUPATIO during mo	IN st of working		16b. KIND OF BUS	INESS/IN	DUSTRY	1		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)) ""				Housewi:	fe						
MC	17. FATHER'S NAME (First, Middle, Last)								rst, Middle, Maiden	Sumame)				
Ö	George Thomas	McKenzi	2						ise Care					
BE	19a. INFORMANT'S NAME (Type/Print)		_	b. MAILING	ADDRES	S (Street a			Number, City or Town	4	p Code)			
5	Eston L Alt		(Gener	cal I	eliv	ery Fli	nts	tone, Mo	1. 21	1530			
	20a. METHOD OF DISPOSITION 1∑ Burial 2 ☐ Cremation 3 ☐ Ram	ovel from State	20b. PLACE other pi	OF DISPO	SITION (N	me of cer	netery, crematory or		20c. LO	CATION —	City or To	own, Stata		
	4 Donation 5 Other (Specify)		Gle	ndale	e Cen		-			intst	one,	, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRESS OF F			Com	ri 00			
	Kalent C.	Kalent C. Adams Silcox-Merritt Funeral Service Cumberland, Md. 21502												
	23. PART I. Enter the diseasee, or									ratory ar	rest,	Approximate		
	shock, or heert fellure. IMMEDIATE CAUSE (Final	List only one ceu	se on eech line			10			-1//	1		Interval Between Onset and Death		
	disease or condition resulting in death)		1	-	1/4	20	1770	21	19017			1100		
		DUE TO	OR AS A CONSE	OUENCE C	0F):	_	m	~	MCH	211	-	10 1200		
S	Sequentially list conditions,	b	OR AS A CONSE	-0	1		1/10	51	7737	711		o yenns		
AŢ	If any, leading to immediate cause. Enter UNDERLYING	DOE TO	OH AS A CONSE	OUENCE (Pr):									
FIC	CAUSE (Disease or Injury that Initiated events	cDUE TO	OR AS A CONSE	QUENCE C	OF):									
CERTIFICATION	resulting in death) LAST	d.												
	PART II. Other eignificant condition	a contributing to	death but not		In the co	n eto who to	I	Boot	I. 24s. WAS AN	ALITONEY		b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	MEDIA								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă	116011	211111	76 10	126	11				1 YES 2	□ No		OF DEATH?		
Σ												1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		-			26. P	LACE OF DEATH (C	heck or	alv one)					
2	EXAMINER?	HOSPITAL:	EB/Outputient	1 DOA	OTHE	R:	ne 5 🗆 Rasidence							
¥	27. MANNER OF DEATH	28a. OATE OF	INJURY	28b. Ti	ME OF	28c. IN.	JURY AT	_	DESCRIBE HOW I	NJURY O	CCURED			
ВУ Р	Natural 5 Pending Investigation	(Month, D	ny, Year)	100	IJURY M	_	ORK? YES 2 NO							
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At heatc. (Specify)	ome, farm,	street, fac	tory, offic		261.	LOCATION (Street a City or Town, State)	and Numbe	er or Rural	Route Number,		
E	4 Homicide detarmined								ony or lown, outloy					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, d	eath occur	rred at the	time, deta	and place, and du	a to th	e cause(a) and mad	nner as at	sted.			
MO	onel	ER: On the beals of a	camination and/or	Investigat	ion, in my	opinion, e	lesth occured at th	e time,	data and place, an	d due to	the cause	(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	R	$\overline{}$				29c. LICENSE N	JMBER		29d. DA	TE SIGNE	D (Month, Diff, Year)		
38 C	Jans	an c	- Cun				D18769			1	7/2	0/90		
٩	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUS						_		,	7	1500		
	Dr. James Raver				& Med	lica	L Center	Cu	mberland	1, M) 2.	1502		
JUL 2 0 1990 gross Sauracion Mondale														



3. TIME OF DEATH 3 45

10d. INSIDE CITY

1 ☐ YES 20 QNO

PH

20876

10a STATE

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

DIRECTOR

FUNERAL

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Item

IMPORTANT: IF

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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COMPL

BE

2

or attending physician.

the hospital

retained

4. SOCIAL SECURITY NUMBER

217-32-2023

RESIDENCE OF DECEDENT

15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) 6th 17. FATHER'S NAME (First, Middle, Last)

1 Never Married 2XXMerried

3 Widowed 4 Divorced

College (1-4 or 5+)

Truck Driver

Bulk Milk Hauler

Andrew Brooke Arnold 19e. INFORMANT'S NAME (Type/Print) Clara E. Arnold

10b. COUNT

Emma 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 23345 Davis Mill Rd., Germantown, Md.

18. MOTNER'S NAME (First, Middle, Maiden Sumame)

A.

20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Salem Cemetery

20c. LOCATION — City or Town, State Cedar Grove, Md. 22. NAME AND ADDRESS OF FACILITY

Wade

21. SIGNATURE OF FUNERAL SERVICE LICENSES Williams Thert L. 23. PART I/ Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest,

shock, or heart failure. List only one cause on sach line.

Olin L. Molesworth, P.A., Funeral Home Damascus, Maryland 20872

resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

IMMEDIATE CAUSE (Final

disease or condition

MYCCardial infantion
DUE TO (OR AS A CONSEQUENCE OF):

beart failure CON SENTURE DUE TO (OR AS A CONSEQUENCE OF):

that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

24s. WAS AN AUTOPSY PERFORMED? 1 TES TONO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 - YES 2 NO

Approximate

intervai Between

Onset and Death

hours

massine Basal 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

arthrilis

Tophaceous gout

6 Could not be

determined

Cell CARCINOMA of Chest resent 26. PLACE OF OEA HOSPITAL: OTHER: 1 Inpatient 2 I ER/Outpetient 3 I DOA

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

TN (C)	reck only one)	
dence	a 🗆 Other (Specify)	

27. MANNER OF DEATN 1 Watural 6 Pending 2 Accident 3 Suicide

4 Homicide

28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28e. PLACE OF INJURY -- At home, farm, street, fectory, office building, etc. (Specify)

DUE TO (OR AS A CONSEQUENCE OF):

28c. INJURY AT WORK? 28d. OEȘCRIBE NOW INJURY OCCUREO 1 YES 2 NO

28f. LOCATION (Street and Number or Rural Route Number,

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. BIQNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER D34682 29d. DATE SIGNED (Month, Day, Year) July 17,

bance F. Hinny, no 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

9701 New Church St., Damascus,

20872 Maryland

Julia Davidson-Mandalle 31 DATE FILED (Month, 'Day, Year) 111 17 1990

Joanne L. Kinney, M.D.

DHMN-16 Rev 1/89



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	HEGISTHAN		CL	-NIII	CAIL	- 01	DEAL	I II	н	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			4					2. DATE OF I	DA	γ	YEAR	. TIME OF DEATH
	Ruby	V.				Ada	ms		July	July 12, 1990 6:30 AM			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B			Country)	LACE (State or Foreign
	206-32-8593	1 ☐ M 2 XXF	71	YRS.	WOWINS	DATS	HOURS	mint.	Aug.	6, 1	.918	West	: Virginia
	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY,	TOWN	OR LOCATION	ON OF DE	ATH		9c. COU	NTY OF DEA	хтн
8	4804 Randolph Road	Ē			Rockville Montgo					omery			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY												
≝	Maryland Mo	10c. CITY, TOWN OR LOCATION ROCKVille						- 1	Od. INSIDE CITY				
				RO						1 🗆 YES 2X2			
₹	10e. STREET AND NUMBER					10	1. ZIP CODI	1852		10g. CITIZEN OF WHAT COUNTS			and the second second
FUNERAL	4804 Randolph Road											U.S.	
5	11. MARITAL STATUS 1 Never Married 2 Married		TEVER IN U.S. AR	MED 10	13. 1	WAS DEC	CENDENT C	OF HISPAN In, Maxical	IIC ORIGIN? (S _i n, Puarto Ricar :	pecify Yea , atc.)	or No-	Black,	– American Indian, White, atc.
B	X8XXWidowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1	YES	2¥∰ NO	Specify	:			Specify	White
	15. DECEDENT'S EDUC	ATION	I ISA DE	CEDENT'S	IISHAL O	CCUDATI	ON		10h KIM	D OF BUS	INESS/INI		
COMPLETED	(Specify only highest grade	completed)	(G	ive kind of v	vork done d	during m	ost of working	ng	TOO. KIN	D 01 B03	MAE 33/ HAI	Josini	1
2	Elementary/Secondary (0-12)	College (1-4 or 5	"	Hom	emak	er				C	own h	ome	
<u> </u>	17. FATHER'S NAME (First, Middle, Last)						16 MOTI	HER'S NA	ME (First, Middl				
	Harry		McMil	llen				ace	me (r wet, twood	o, maiderr		availa	ble)
H	19a. INFORMANT'S NAME (Type/Print)				ADDRESS	S (Street			Route Number, C	Situ or Town			
임	Patricia C. Sofra	nko							ville	_			.758
	200 METHOD OF DISPOSITION		20b. PLACE								-	City or Tow	
	20a. METHOD OF DISPOSITION 1- Burial 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	oval from State	other pla	of	Heav	en	Cemet	erv					ng, Maryland
	21. SIGNAFURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	NO ADDRE	SS OF FA	CILITY			_	
	2200	0	Q MOC	1522	R	obe	rt A.	Pun	phrey	Fune	ral	Home	morri
-	- Courses	رمم		Avenue, ROCKVIIIe, Maryland 20850						350-2805			
	ahock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Metas		arcin	oma			67		or respi	iatory ar		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE 10	(OR AS A CONSE	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):									
	PART ii. Other aignificant condition	e contributing to	death but not a	ensulting i	in the un	rderbylr	COLUMN D	niven in	Part I 24	. WAS AN	ALITOREY	245	WERE AUTOPSY FINDINGS
EDICAL	TAIT II. Olice algument constitution	a continuating to	Goddi Dat Hot I	esuiding !	in are an	ruer ry n	ig cause ;	given in		PERFOR	MED?	9	AVAILABLE PRIOR TO
ă		<u> </u>							1	YES X	XNO	1 3	OF DEATH?
Σ				-					_				1 TES 2 NO
Z													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	DEATH (Ch	eck only one)				
PHYSICIAN:	1 TES 2XXNO		ER/Outpetient 3					esidenca	s Other (Sp				
ВУ РН	27. MANNER OF DEATH XX Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIM INJ	URY M	W	JURY AT ORK? YES 2	NO	28d. DEŞCRI	BE HOW II	NJURY OC	CURED	
COMPLETED	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE (building	OF INJURY — At ho, etc. (Specify)	ome, farm, i	street, fact	tory, offi	CO		26f. LOCATIO City or To	N (Street a own, State)	and Numbe	er or Rumil Ro	ute Number,
ا ت	29s. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best o	f my knowledge, de	ath occum	ed at the t	time, det	s and place	a, and due	to the cause(s) and mar	ner se ata	rted.	
Š	one) 2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIED	7/					29c, LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	Month, Day, Year)
BE	6 hand 14	Col.	il.	- del				1270					12, 1990
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL			, Print)						-		
	//	rds, M.D				Ave	enue -	Si1	ver Sr	rina	. Ma	rvlan	d 20902
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE					~-1	OI OF	9	, Ma	. z z z a i	20302
JUL 13 90 Julia Davidson Randage													

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx wours after death. Page 6 may be retained by the hipspital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
6	within 2	pletely fi	ent, th
1314	xecuted	and com burial, t	natic ev
30X	ate be ex	hysician prior to	r traum
.O. E	th certific	ending pl	or othe
JS, P	the deal	y the att	injury.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ires that	signed by Health an	ws апу
RE	law requ	as been lept, of l	23 sho
/ITAL	AN: The	ificate hi	r item
OF V	PHYSICIA	this certi	ked, o
NO	NDING	R: After	is mai
IVIS	OR ATTE	DUIS afte	em 28
	SPITAL (IERAL C	IT: II II
	THE HOS	THE FUR Ne filed with	MPORTA
	-	- 43	-

T - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT CERTIFICATE		MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last, V/ANDA	Wanda, Jean	Addison/		2. DATE O	DE DEATH DAY	YEAR 90	1824	
4. SOCIAL SECURITY NUMBER 2/6-82-3489		YRS. lest birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	(Month,	F BIRTH Day, Year) 24.196	Country)		
98. FACILITY NAME (If not institution, give 5/200/6			TOWN OR LOCATION OF OCKVIlle,		9c.	COUNTY OF DE	ATH	
RESIDENCE/OF DECEDENT 10e. STATE 10b. COUNT	TY	10c. CITY, TOWN C				10d. INSIDE CIT- LIMITS?		
100. STREET AND NUMBER	tgomery	Gai	thersburg		10g	. CITIZEN OF WI	YES 2 NO	
8327 Fairl	haven Drive	S. ARMED 13.	20877	PANIC ORIGIN:	(Specify Yea or No	U.S.A		
Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES		if yes, specify Cuben, Max 1 YES 2 NO Spe	Ican, Puerto R		Specify Bla	- American Indian, White, etc.	
15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)		Be. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	CCUPATION during most of working		KIND OF BUSINES			
12 Grade 17. FATNER'S NAME (First, Middle, Last)		Cashier	16. MOTNER'S		Pizza Nddle, Malden Surne	Parlo	or	
Elton L. I	Addison Sr.		Gene		Matt			
Buriel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE A 23. PART I. Enter the Issesse, or shock, or seart failure immediate Cause (Finei disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions.	C. DUE TO (OR AS A C. DUE TO (OR AS A C. d. d.	THEOMES ONSEQUENCE OF): ONSEQUENCE OF):	NAME AND ADDRESS OF SNOWDEN F 246 N. Wathe mode of dying, e Pulmona	unera shing uch es cerd ry Em a Cav	1 Home ton St sc or respirator bolus a Thron	Rock y snest, mbosis	20850 Ville, N Approximate interval Between Onset and Dea C. Aug. Suppose the control of the co	
END STAGE T	LUPUS	26			PERFORMED	ю	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE						
27. MANNER OF DEATN	1 Anpetient 2 ER/Outpeti 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		(Specify) CRIBE HOW INJUR	Y OCCUREO		
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF INJURY	At home, farm, street, fac	1 TYES 2 NO	28f. LOC	ATION (Street and N	umber or Rural Re	oute Number,	
4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PNY	/SICIAN: To the best of my knowled	ige, death occurred at the		due to the cau				
29b. SIGHATON AND TITTLE OF CHARLES	NER: On the beele of examination e		29c. LICENSE	NUMBER	29d	. DATE SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	vHO COMPLETED CAUSE OF DEAT. BASS 394	H (ITEM 27) (Type, Print) 1 Ferrara	Br. Who	aton,	nd 201	66	· ·	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE		- 17	·			

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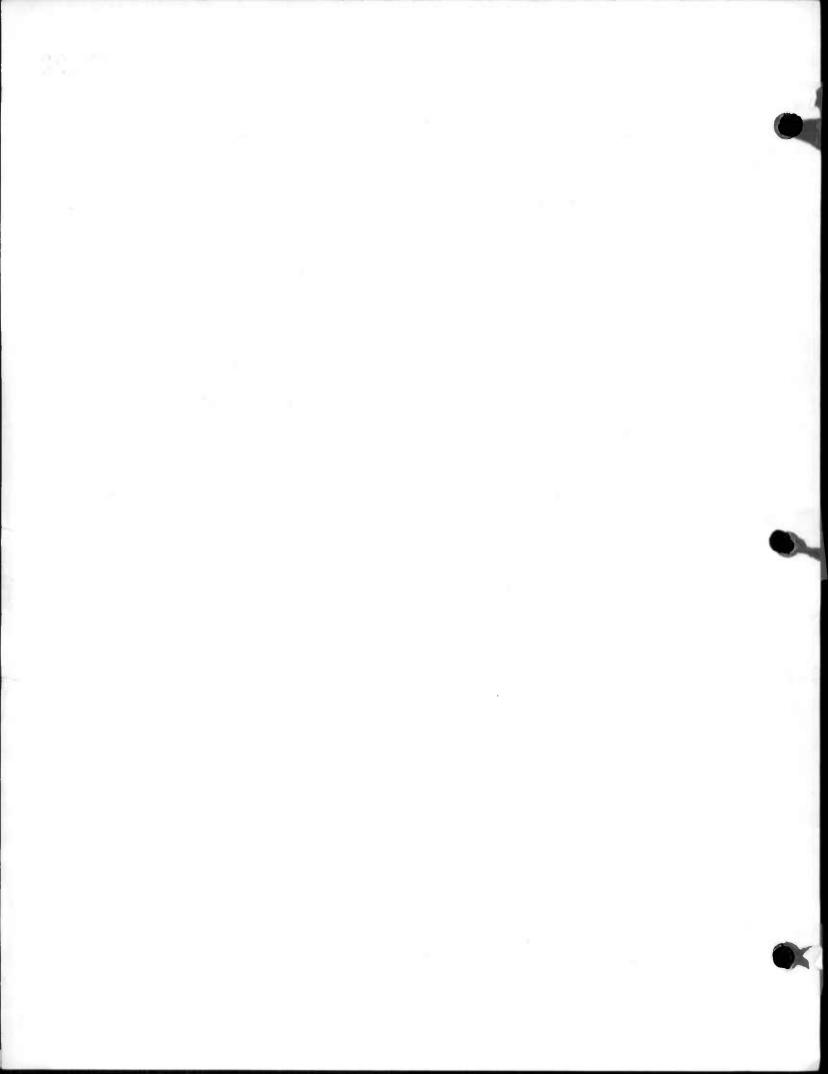
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	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Juns after dea	INFERT DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	лээх	and
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31. DATE FILED (Month, Day, Year)

		FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I			YGIENE EG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)		9		1	2. DATE OF I	DEATH DAY	3. TIME OF DEATH
		Carol W. Alston					July	13, 1990	1:30 P.M. M
		4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	NRTH y, Year)	BIRTHPLACE (State or Foreign Country)
o MAN		218-72-6581	1 🗌 M 2 💢 F	33 YRS.	MONTHS DATS	HOURS WIN.		10,1956	Maryland
100	e-222	9a. FACILITY NAME (If not Institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DEA	тн	9c. COUN	TY OF DEATH
N	ривестоя	5225 Pooks Hill I	Road Apt# 6.	10N	Beth	esda		Mo	ontgomery
12	EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
permit. Pages	E I	Maryland Mon	tgomery	В	ethesda				LIMITS?
Œ.	1000	10e. STREET AND NUMBER		, -		f, ZIP CODE	,	10g. CITIZ	EN OF WHAT COUNTRY?
質	FUNERAL	5225 Pooks Hill	Road Apt# 6	lon		20814		Unit	ed States
physiclan burial-tr nn	5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 7 YES			CENDENT OF HISPANIC			14. RACE — American Indian, Black, White, stc.
phy e bur	ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specify:	r bento mes	, •,	Specify Black
as th	ED B	15. DECEDENT'S EDUC	ATION	160 DECEDENT'S	USUAL OCCUPATI	ON	16h KIN	D OF BUSINESS/IND	ISTEV
or att		(Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of v	work done during management of the management of	ost of working	Total Kill	D 07 D00111200111120	,01111
spital ed fo	P	12	4	Accou	ntant		U.S	. Governm	ment
detach	COMPLET	17. FATHER'S NAME (First, Middle, Last)		-		16. MOTHER'S NAM	E (First, Midd	le, Maiden Sumame)	
be t	ш	Alvin X. Waters				Marjori	e Woo	dyard	
5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural Ro	oute Number, (City or Town, State, Zip	Code) 20814
y be re age 5	F	David B. Alston					t# 61		sda, Maryland
e 6 may ector, pa must b		20e. METHOO OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Remo		other place)				20c. LOCATION — (100000000000000000000000000000000000000
age 6 direct		4 Donation 5 Other (Specify)	PENCEP	Arbutus	Memoria	L Park	UTV 5 1	Baltimor	e, Maryland
death. Pag tuneral dir i. examiner	9	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee		Home	Bethesda	-Chey	ert A. Pu y Chase,	imphrey Funeral The 7557 Maryland 20814
		Well EZ	muer it	M00672	3501	onsin Ave	enue B	etnesda,	Maryland 20814-
of within 24 fours after dompletely filled in by the 14, cremation, or removal.		23. PART I. Enter the diseases, or of shock, or heart failure.			not enter the m	ode of dying, such	ss cardiac	or respiratory srn	est, Approximate interval Between
# E C P		IMMEDIATE CAUSE (Finel							Onset and Death
within 24 upletely fille cremation, vent, the		disesse or condition resulting in death)	v	Arrythmi					
xecuted within 2 and completely 1 burial, cremation	1		Heart F	S A CONSEQUENCE O	(*) :				
	8	Sequentially list conditione,	D	S A CONSEQUENCE O	F):				
sician rrior p	Ä	If any, leeding to immediate cause. Enter UNDERLYING	Diabete	s Mellitu	s				
ertificate be executted by physician and congiene prior to burian other traumatic	트	CAUSE (Disesse or Injury that Initiated events	DUE TO (OR AS	S A CONSEQUENCE O	F):				
P Hy	CERTIFICATION	resulting in desth) LAST							
W = W			d						
he a Mem		PART II. Other significant condition	s contributing to death	but not resulting	In the underlying	ng cause given in F	Part I, 24	s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
at the by the and M			ds contributing to death	but not resulting	In the underlyle	ng csuse given in F		PERFORMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE
y and			ds contributing to death	but not resulting	In the underlyle	ng csuse given in F			AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
requires that teen signed by of Health and shows any I	MEDICAL		d	but not resulting	In the underlyle	ng csuse given in F		PERFORMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE
requires that teen signed by of Health and shows any I	MEDICAL	PART II. Other significant condition		but not resulting	26. 1	ig cause given in F	_ 1	PERFORMED?	AVAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?
requires that teen signed by of Health and shows any I	SICIAN: MEDICAL	PART II. Other significant condition	d		26. F		1	PERFORMED? YES 2X NO	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
requires that teen signed by of Health and shows any I	SICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☒ NO 27. MANNER OF DEATH	HOSPITAL:	sutpatient 3 DOA	28. F OTHER: 4 \(\text{Nursing Ho} \)	PLACE OF DEATH (Chee	ck only one)	PERFORMED? YES 2X NO	AVAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: The law requires that this certificate has been signed by with the State Dept. of Health and rided, or item 23 shows any I	PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 Å NO	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR (Morith, Day, Year	urtpatient 3 DOA	28. F OTHER: 4 Nursing Ho MURY W M 1	PLACE OF DEATH (Checking 5X) Residence 8 JURY AT ORK? YES 2 □ NO	1	PERFORMED? YES 2X NO Decity) BE HOW INJURY OCC	AVAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: The law requires that this certificate has been signed by with the State Dept. of Health and riked, or item 23 shows any I	D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR (Morith, Day, Year	Sutpatient 3 DOA IY 28b. Tile IN IRY — At home, farm,	28. F OTHER: 4 Nursing Ho MURY W M 1	PLACE OF DEATH (Checking 5X) Residence 8 JURY AT ORK? YES 2 □ NO	ck only one) B Other (S 28d. DESCR	PERFORMED? YES 2X NO Decity) BE HOW INJURY OCC	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
TTENDING PHYSICIAN: The law requires that to TIOR. After this certificate has been signed by after death with the State Dept. of Health and 28 is marked, or item 23 shows any I	D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident S Could not be determined	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Veal 28e. PLACE OF INJUR building, etc. (S	suspecient 3 DOA TY 29b. Tile IN IRY — At home, farm, ipocify)	28. F OTHER: 4 Nursing Ho BE OF 28c. IN UNY M 1 Street, factory, off	PLACE OF DEATH (Cheens 5 X) Residence 8 JURY AT ORK? YES 2 NO	11	PERFORMED? YES 2X NO Decity) BE HOW INJURY OCC ON (Street and Number own, State)	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO CURED or Rural Route Number,
OR ATTENDING PHYSICIAN: The law requires that to DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or item 23 shows any I	D BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpattent 2 ER/O 28a. DATE OF INJUR (Month, Day, Veal 28a. PLACE OF INJUR building, etc. (S	urtpatient 3 DOA TY 28b. Tile (r) IN IRY — At home, farm, pocify)	26. F OTHER: 4 Nursing Ho ME OF 25c. Ih URY M 1 street, factory, offi	PLACE OF DEATH (Cheen The 5X Residence S JURY AT ORK? YES 2 NO Ce e end place, end due S	1	PERFORMED? YES 2X NO Decity) IBE HOW INJURY OCC ON (Street and Number own, State)	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO CURED or Rural Route Number,
TAL OR ATTENDING PHYSICIAN: The law requires that to AL DIRECTOR: After this certificate has been signed by 72 hours after death with the State Dept. of Health and 11 litem 28 is marked, or item 23 shows any 1	D BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpattent 2 ER/O 28a. DATE OF INJUR (Month, Day, Veal 28a. PLACE OF INJUR building, etc. (S	urtpatient 3 DOA TY 28b. Tile (r) IN IRY — At home, farm, pocify)	26. F OTHER: 4 Nursing Ho ME OF 25c. Ih URY M 1 street, factory, offi	PLACE OF DEATH (Checking 5X) Residence 8 JURY AT ORK? YES 2 NO	1	PERFORMED? YES 2 NO Decify) BE HOW INJURY OCC ON (Street and Number own, State) e) and menner as stated place, end due to the	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO CURED or Rural Route Number, eed. se ceuse(e) end manner ee stated.
TAL OR ATTENDING PHYSICIAN: The law requires that to AL DIRECTOR: After this certificate has been signed by 72 hours after death with the State Dept. of Health and 11 litem 28 is marked, or item 23 shows any 1	COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, etc. (S)	urtpatient 3 DOA TY 28b. Tile (r) IN IRY — At home, farm, pocify)	26. F OTHER: 4 Nursing Ho ME OF 25c. Ih URY M 1 street, factory, offi	PLACE OF DEATH (Cheens 5 No Residence 8 JURY AT ORK? YES 2 NO Ce e end place, end due to death occured at the to 25c. LICENSE NUM	1	PERFORMED? YES 2X NO Decity) BE HOW INJURY OCC ON (Street and Number own, State) a) and menner as stated place, end due to the	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO CURED or Rural Route Number, eed. te ceuse(e) end manner ee stated.
OR ATTENDING PHYSICIAN: The law requires that to OIRCTOR: After this certificate has been signed by hours after death with the State Dept. of Health and tem 28 is marked, or item 23 shows any I	BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUR 28a. PLACE OF INJUR 28c. PLACE OF INJUR building, etc. (S CIAN: To the best of my kn	untpatient 3 DOA Y 28b. Tile (f) IN. JRY — At home, farm, pecify) sowiedge, death occur sition and/or investigati	28. F OTHER: 4 Nursing Ho BE OF 28c. IN URY M 1 Street, factory, offi	PLACE OF DEATH (Checking 5X) Residence 8 JURY AT ORK? YES 2 NO	1	PERFORMED? YES 2X NO Decity) BE HOW INJURY OCC ON (Street and Number own, State) a) and menner as stated place, end due to the	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO CURED or Rural Route Number, eed. se ceuse(e) end manner ee stated.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the FUNERAL DIRECTOR: After this certificate has been signed by filed within 72 hours after death with the State Dept. of Health and PORTANT: If Item 28 is marked, or item 23 shows any I	COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUE (Month, Day, Veal 28e. PLACE OF INJUE building, etc. (S) ICIAN: To the best of my kn ER: On the basis of examina	untpatient 3 DOA TY 28b. TIA IN JRY — At home, farm, pecify) owiedge, death occur ation and/or investigati	28. F OTHER: 4 Nursing Ho BE OF 28c. IN URY M 1 street, factory, offi	PLACE OF DEATH (Cheens 5 & Residence 8 JURY AT ORK? YES 2 NO ce end place, end due to death occured at the total D30124	1 1	PERFORMED? YES 2X NO Decity) BE HOW INJURY OCC ON (Street and Number own, State) e) and menner as stated place, and due to the	AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO CURED or Rural Route Number, led. le ceuse(e) end manner ee stated. E SAGNED (Moreth, Dey, Year) 11 14 1990

32 REGISTRAR'S SIGNATURE
Julia Davidson Randall

DHMH-16 Ray 1/89



BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detache or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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50 2 Lews St. 31. DATE FILED (Month, Day, Year) JUL 13 '90

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	FOR STATE REGISTRAR	\$	STATE OF M	IARYLAND /		RTMENT				MENTAL	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Mic	iddle, Last)		. 0							OF DEATH			3. TIME OF	F DEATH	
1	Gertrud	10 A	COUT	4						MONTH	O DA	9	YEAR	1:40	0	PM
	4. SOCIAL SECURITY NUMBER		SEX	8. AGE (In yrs. lest	birthdev)	IF UNDER	1 YEAR	IF UNDER 2	4 NRS.	7. DATE C	OF BIRTH		_	HPLACE (Stat	te or Fore	olan
	220-20-7882		□ M 2 [X] F	79	YRS.	WONTHS	DAYB	HOURS	MIN.	(Month.	Day, Year)	^	Count	(yr)		
				13	ins.						3,191			yland		
	9a. FACILITY NAME (If not institu			1 1	\	9b. CITY,	TOWN O	R LOCATIO	-				NTY OF D			
8	Hartors M	70M9/	I Lai	ospital	1	140	140	6 4.	5 6	2070	٠ ا	40	272	970		
DIRECTOR	RESIDENCE OF DECEL	DENT						- 4		- 400						=
Ü.	10a. STATE 10	0b. COUNTY			10c. CIT	Y, TOWN O								10d. INSID	E CITY	
<u></u>	Maryland	Ce	ecil			Pe	rryv	ville						1 X YES	2 🗌 N	10
7	10e. STREET AND NUMBER						10f.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUN	TRY?	
8	629 Richmond	Street	-						21	1903			1	U.S.A		
FUNERAL	11. MARITAL STATUS			T EVER IN U.S. ARM	HED	13. 1	WAS DECI	NOENT OF			? (Specify Yea	or No.	14 BAC	F - America	an Indiar	
3	1 Never Married 2 Ma		FORCES? 1	YES 2 NO		H	If yes, spe	cify Cuban	, Mexico	n, Puerto R		01 140	Blac	k, White, atc	2.	"
BY	3 Widowed 4 X Divorced		IF YES, GIVE W	AR OR DATES		'	YES	2 X NO	Specify	y:			Spec	://y: Wh	ite	
	15 DECEDI	ENT'S EDUCATION	OH .	150 DEC	OFFICE TIE	USUAL OC	COLEGE			I 486	KIND OF BUS	INCOC/IN	CHETRY			\dashv
里	(Specify only his	ighest grade com	pleted)	(GA	ve kind of	work done o	during mos	et of working	7		A. Me			ontar		
H	Elementary/Secondary (0-12)) 0	ollege (1-4 or 5+	-) 1												- 1
M M	Eleven Years			IN IN	lurse	e's A	ıae				erry I		C, M	aryıa	na	
COMPLETED	17. FATHER'S NAME (First, Middle							18. MOTH			Aiddle, Maiden					
	Eden S	. Cres	swell	-5					I	Eva E	B. Dav:	is				
BE (19a. INFORMANT'S NAME (Type	VPrint)		19b	. MAILING	ADDRESS	(Street ar	nd Number (or Rural I	Route Numb	oer, City or Town	, State, Zi	(p Code)			
2	Paul L. Arno	old			Port	t Dep	osit	. Ma	rvla	and	21904	4				
			,	20b. PLACE (OF DISPO	SITION /No	me of cem	notory coorn	etory or	4			Cliv or Ti	own, State		\neg
	20a METHOD OF DISPOSITION 12 Burlel 2 Cremetion		from State	other pla	on in	cipio	Cen	natar	37					, Mar	บไลเ	nd
	4 Donation 5 Other (Sp		A A		LILL			D ADDRES		- u may	1.0.	119 -	TITC	,	y - u.	Iu
	21. SIGNATURE OF FUNERAL S	ERVICE LICENS	EE	-	1						ı & Soı	- Fii	nera	1 Hom	0	
	plane	Mes	Mallo	100	Tr						land		1903			
	23. PART I. Enter the dise	asea, or com	plicetione tha	t ceused the de	eth. Do										roxima	te
	ahock, or heer	rt feilure. List		ise on each line.										Inte	rval Be	tween
	IMMEDIATE CAUSE (Finel disease or condition													Uha	et and	Death
	resulting in death)	▶ a	Grach	OR AS A CONSEC	mig									_		
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Z	The second secon	b	High o	COM AS A CONSEC	urt	fuith	we								mo	
은	Sequentielly liet condition if any, leading to immedia															
8	cause. Enter UNDERLYING CAUSE (Disease or Injury		GI b	(OR AS A CONSEC											9 mg	,
Ē.	that initiated events		DUE TO	(OR AS A CONSEC	DUENCE C)F):										
CERTIFICATION	resulting in death) LAST	- 41	Deedi	ation col	like										11.0	
빙															7	
4	PART II. Other algnificent	conditions c	ontributing to	death but not n	esulting	In the un	nderiying	g cause g	iven in	Part I.	24a. WAS AN PERFOR		24	MAILABLE		
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율	Metochate	Vacile	1 CA									**		1 TYES		10
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PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO A	MEDICAL					26 DI	ACE OF DE	EATH (C)	hank only or	ne)					
O	EXAMINER?	н	OSPITAL:			OTHER		ACE OF DE	EATH (O)	IBCK OTHY OF	re)					
ΥS	1 TYES 2 NO	10	7	ER/Outpetlant 3	_			e 5 🗆 Re	sidence							
표	27. MANNER OF DEATH	C3235	26a. DATE OF (Month, D		28b. TII	ME OF	28c. INJ WO	URY AT		28d. DES	SCRIBE HOW I		CCURED			
ВУ	1 Natural 5 Pe	ending vestigation	N.A.	,	W	A. M	1 🗆 1	YE 2 □	NO		N.A	4				
	• 🗆 • • • • • • • • • • • • • • • • • •	ould not be	28e. PLACE C	OF INJURY — At ho atc. (Specify)	me, farm,	street, fact	tory, offic	•		281. LOC	ATION (Street or Town, State)	nd Numb	er or Rural	Route Numb)O/,	
LED		termined	Dunumy,	are (openy)	N.	1				City	or lown, State)					
	29a. CERTIFIER	WING BUYGON	No To the best of													
N N	(Check only	-		f my knowledge, de												
COMPLET	2 MEDICA	L EXAMINER:	on the pasis of a	xamination and/or i	investigat	ion, in my c	opinion, d	eath occur	ed at the	time, date	and place, an	a due to	tne cause	(a) and man	ner se si	med.
ш	29b. SIGNATURE AND TITLE O	F CERTIFIER	AND	REW FRID	BERG	· MD		29c. LICE				29d. DA	TE SIGNE	D (Month, Da	ey, Ybar)	
8	(Inden (trial	lucy me	2				D2	243	6		• 5	7/10	190		
입	30. NAME AND ADDRESS OF P	DEDSON WHO C	OMBI ETED CALL	SE OF BEATH OTE	M 27) /5/	no Driet)								,		

de Grace, MD 210 32. REGISTRAR'S SIGNATURE Fiche Devidion-Rondelle

DHMH-18 Rev 1/89

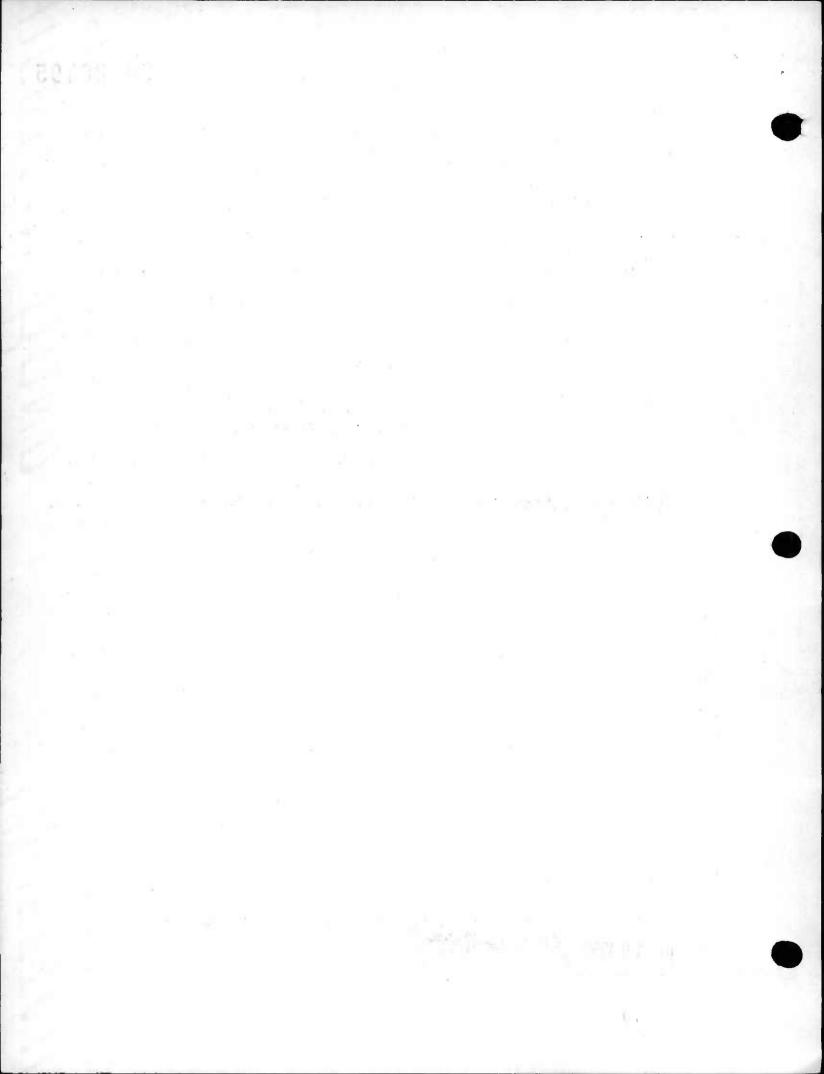
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unicial u	be filed within 72 hours after death with the State, Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n
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	1 - FOR STATE REGISTRAR	TE OF MARYLAND	/ DEPARTM				GIENE 3. NO.					
	1 11 11 11 11 11 11 11 11 11 11 11 11 1	1BUSH 1	MARY M.	AMBU	SH	2. DATE OF DE		SAR 2300 M				
	- 000 0012	6. AGE (In yrs.	YRS. MON	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIR (Month, Day,)	35	BIRTHPLACE (State or Foreign Country) MD .				
TOR	90. FACILITY NAME (II not institution, give street and in FREDERICK MEMORIY RESIDENCE OF DECEDENT				R LOCATION OF DEA	тн	FR61	rederick				
DIRECTOR	10e. STATE 10b. COUNTY FREDSR	400		WN OR LOCATI	NWOT	Adams	town	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	2214 PACKS T	MILLS R	Ŋ	101.	21710)	OF WHAT COUNTRY?					
B√	1 Never Merried 2 Merried FOR	S DECEDENT EVER IN U.S., RCES? 1 ☐ YES 2 ₹ 'ES, GIVE WAR OR DATES	ARMED ∰NO	It yes, spe	ENDENT OF HISPANIC city Cuben, Mexicen, 2 NO Specify:	Puerto Ricen, e		RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) 1 2 College	d) e (1-4 or 5+)	DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos lired.)	N st of working	3555	n/a					
BE COM	17. FATHER'S NAME (First, Middle, Last) James H. Ambush		.0000#11		16. MOTHER'S NAM Martha	IE (First, Middle,	(First, Middle, Maiden Surname) Proctor					
TO B	190. INFORMANT'S NAME (Type/Print) Dorothy Ambush	de)										
	20e. METHOD OF DISPOSITION Disposition 3 Removal from	n State other	CE OF DISPOSITION PIECE)	ON (Name of cen	netery, cremetory or	1	OWN, Md.	or Town, State				
	4 ☐ Donetion 5 ☐ Other (Specify)	Kest	haven M	22. NAME AN	L Gardens D ADDRESS OF FACI	ILITY		, Maryland				
	> Tanda L	Lemmer)		fer Funer Opossumto		e e. Freder	ick. Md. 21701				
	23. PART I. Enter the diseasee, or complice shock, or heert fellure. Liet only IMMEDIATE CAUSE (Final disease or condition resulting in death)		ac Pan	enter the mo								
NOI	Sequentially list conditions,	Metaboli OUE TO (OR AS A CON		2hr								
CAT	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (DISEASE OF IN)											
CERTIFICATION	that initieted events recuiting in deeth) LAST	RESPI		1 19u		2 hr						
AL	PART II. Other significent conditions contributions contributions		ot resulting in t	he underlying	g ceuse given in F	1	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDIC	CORUNANY BRITIS	ray prais	NO A			-		1 U YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		26. PL	ACE OF OEATH (Chec	ck only one)						
HYSI	1 TYES 2 X NO 1 Yes	patient 2 ER/Outpatient	28b. TIME O	Nursing Hom 28c. INJ	e 5 🗆 Residence 6		HOW INJURY OCCUP	REO				
ву Р	Netural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY	/ WO	RK? YES 2 NO							
		Be. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stree	et, factory, offic	•	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WKP. (WBW)	М	Q.		D 275	91	≥ Pd. DATE S	IGNED (Morett, Day, News)				
Ε:	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 56 Thomas Johnson DR Frederick MD 2170											

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF N	IARYLAND / CE		TMENT					HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Nita	a Hickman								DEATH DAY	19	90°	3. TIME OF DEATH 2:00 a M		
	4. SOCIAL SECURITY NUMBER 218-50-3438	5. SEX 1 M 2 XXF	6. AGE (In yrs. last			DAYS	DAYS HOURS MIN.				898	Vir	ginia		
OR	90. FACILITY NAME (If not institution, give str 118 East Third St			96. CITY, TOWN OR LOCATION OF DEATH Frederick							9c. COUNTY OF DEATH Frederick				
DIRECTOR	100. STATE 10b. COUNTY Maryland Fre	derick		10c. CITY, TOWN OR LOCATION Frederick									10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			10f, ZIP CODE							1 X YES 2 NO				
FUNERAL	118 East Third St	12. WAS DECEDEN	T EVER IN U.S. ARI		H	yes, spe		F HISPAN n, Mexicar	n, Puerto Rici	Specify Yee (or No—	U.S. 14. RACE Black Spech	E — Amarican Indian, k, While, stc.		
TED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16e. DE	CEDENT'S	EDENT'S USUAL OCCUPATION Is kind of work done during most of working In NOT use retired.)								White		
COMPLETED	Elemantary/Secondary (0-12)	•)	Homemaker												
	17. FATNER'S NAME (First, Middle, Lest) J. Samuel Hickman				18. MOTNER'S					die, Maiden S	Fr	ev			
TO BE	19e. INFORMANT'S NAME (Type/Print) Mrs. Katherine Go		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City of 118 East Third Street, Freder							r Town, State, Zip Code)					
	20e. METHOD OF DISPOSITION 10 Burlet 2 Cremellon 3 Remo 4 Donellon 5 Other (Specify)	val from State	20b. PLACE other pla	OF DISPO		me of cer				20c. LOC	ATION	City or To			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Phon		0706	22. I	NAME AN	y &	Basf	ord P	.A. Fi	ınera	al Ho			
ATION	23. PART I. Enter the diseasea, pr complicatione that ceused the death. Do not enter the mode of dying, such as cardiec pr respiratory street, abook, or heart feliure. List pniy one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											Approximate interval Between Onset and Death			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST														
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuee given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO										WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one) OTHER:											
Y PHYSICIAN:	27. MANNER OF DEATH 1 Matural 5 Pending	28a. DATE OF		26b, TII	-	28c. IN.			e Other (Specify) RIBE NOW IN	JURY OC	CURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE (building	OF INJURY AI ho etc. (Specify)	me, farm,	street, fact	ory, offic	ā		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNYSIC cone) 2 MEDICAL EXAMINET												e) end manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	11						ENSE NUR					(Month, Day, Year) 9, 1990		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)											-,			
	Thomas E. Stone, MD., 4 West Third Street, Frederick, Maryland 21701 31. DATE PILED (Month, Day, Year) 11 1 0 1990 32. DEGISTRAR'S INALIAN 34. DEGISTRAR'S INALIAN 35. DEGISTRAR'S INALIAN 36. DEGISTRAR'S INALIAN 37. DEGISTRAR'S INALIAN 38. DEGISTRAR'S INALIAN 38. DEGISTRAR'S INALIAN 39. DEGISTRAR'S INALIAN 31. DEGISTRAR'S INALIAN 31. DEGISTRAR'S INALIAN 32. DEGISTRAR'S INALIAN 33. DEGISTRAR'S INALIAN 34. DEGISTRAR'S INALIAN 35. DEGISTRAR'S INALIAN 36. DEGISTRAR'S INALIAN 37. DEGISTRAR'S INALIAN 38. DEGISTRAR'S INALIAN 39. DEGISTRAR'S INALIAN 31. DEGISTRAR'S INALIAN 39. DEGISTRAR'S INALIAN 31. DEGISTRAR'S INALIAN 31. DEGISTRAR'S INALIAN 32. DEGISTRAR'S INALIAN 33. DEGISTRAR'S INALIAN 34. DEGISTRAR'S INALIAN 35. DEGISTRAR'S INALIAN 36. DEGISTRAR'S INALIAN 37. DEGISTRAR'S INALIAN 38. DEGISTRAR'S INALIAN 39.														



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIEN	E						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	F DEATH			TIME OF DEATH				
l	Francis	Χ.	But1	er		MONTH 0.7	1 /	199	YEAR	11:50 PM				
-	4. SOCIAL SECURITY NUMBER	200		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O (Month,		RTHPLACE (State or Foreign						
	218-14-3699 9s. FACILITY NAME (If not institution, give s	1 XM 2 F	6 / YRS.	HOURS MIN.	MAR	RYLAND								
DIRECTOR	Physicians Men			LaP1				ec. COUNTY OF DEATH Charles						
မ္အျ	10e. STATE 10b. COUNTY			TOWN OR LOCA	ION				10	d. INSIDE CITY LIMITS?				
5	MARYLAND	CHARLES		NEWBURG	3				1	YES 2 X NO				
A	10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?						
E	ROUTE 1 BOX 3L				20664	.		TED	STATES					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR IN 1944-1946	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 (X) NO Specify	n, Puerto Ri		e or No— 14. RACE — American Indien, Black, White, etc. Specity: BLACK						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during me		18b. KIND OF BUSINESS/INDUSTRY								
2	11TH (GRADUATED)	NONE	POWER	WORKER			COVER	NMENT						
ŏ	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, M											
BE C	JOHN BUTLER				MARY A	GNES	BARNE	ES						
	10. INFORMANT'S NAME (Responded)													
2	JOSEPHINE BUTLER Rt. 1 BOX 3L, NEWBURG, MARYLAND 20664													
	20g, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) IARYLAND \			ERY		CATION — CI		State MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LI	andon		22. NAME A	ND ADDRESS OF FA	CILITY				MARYLAND				
ヿ	23. PART I. Enter the diseases, or	complications that cause								Approximate				
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Interval Between Onset and Death													
1	resulting in douting	DUE TO (OR AS	A CONSEQUENCE OF	: /		1				1				
Z	Sequentially list conditions,													
ĔI	If any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A COMSEQUENCE OF):													
H	resulting in death) LAST													
MEDICAL C	PART II. Other significant condition	na contributing to death	but not resulting in	the underlyin	g cause given in	Part I.	244. WAS AN PERFOI 1 YES 2	RMED?	AA CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?				
뿔						_			1	YES 2 NO				
PHYSICIAN:														
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	neck only on)							
XS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou		4 - Nursing Hot	ne 5 🗆 Residence									
퓝	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME	JRY W	JURY AT DRK? YES 2 NO	286, OES	CHIBE HOW	NJURY OCCI	DHED					
B√	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, s				ATION (Street or Town, State	end Number o	or Rural Rou	te Number,				
	4 Homicide determined	sometrig, etc. (c)	outy			Oily (n rown, Stelle							
COMPLETED	2.5.5 m (5.9.65) (10.5.5 m)	ER: On the best of my kno								nd manner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIE	m/ ,	t ol	111	29c, LICENSE NU	MBER		29d. DATE	SIGNED (M	fonth, Day, Year)				
BE		PMM	LL	4	D02975			1	7-1	5 40				
٥	30. NAME AND ACCRESS OF PERSON WE			3.57.55	W. C.	Ηi	ghwa	y 301	L So					
1	Janiel M. Howe	J2. REGISTRAD'S QU	mbrooke	Sa. S	uite 10	4 Wa	1dor	f. Ma	1. 2	0601				
Daniel M. Howell M.D. Pembrooke Sq. Suite 104 Waldorf Md. 20 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE														

BALTIMORE, MARYLAND 21203-3146

ther death. Page 6 may be retained by the hospital or attending physician.

or the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should or the purial transit permit.

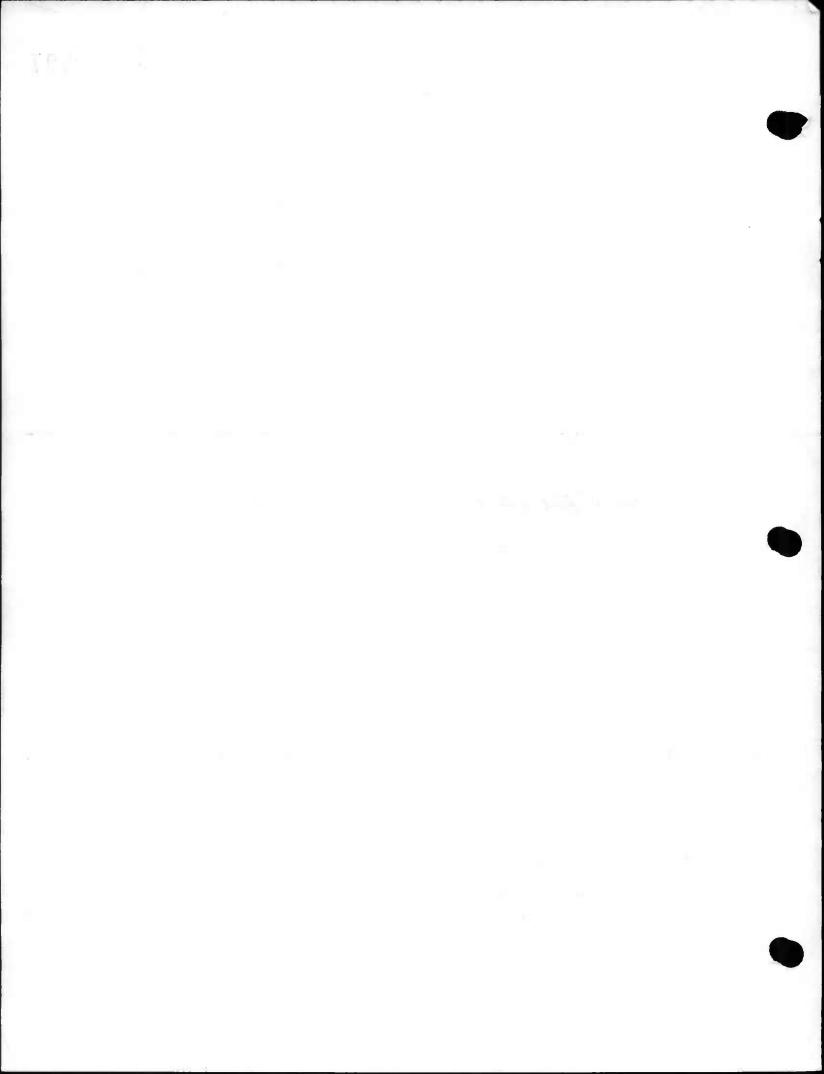
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Curs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached near the filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
vithin 2 Jurs after death. F	sletely filled in by the funeral remation, or removal.	ent, the medical examin
eath certificate be executed v	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after clearly with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	y, or other traumatic eve
The law requires that the d	ite has been signed by the ate Dept. of Health and Mer	em 23 shows any Injur
R ATTENDING PHYSICIAN:	RECTOR: After this certifications after death with the St.	m 28 Is marked, or it
TO THE HOSPITAL OF	TO THE FUNERAL DI	IMPORTANT: If Ite

31. DATE FILED (Month, Day, Year)

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	AL HYGIENI REG. NO.	E .			
	1. DECEDENT'S NAME (First, Middle, Last)	wood	Bre	nt	Bor	nev	ille		2. DAT	E OF DEATH 142-90	Υ	YEAR	3. TIME OF DEATH 5:05PM M	
	4. SOCIAL SECURITY NUMBER 218–48–5159	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. las	t birtnday) YRS.	IF UNDER 1	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE (Mon	t. 23,	1958	Count	HPLACE (State or Foreign ny) Maryland	
	9e. FACILITY NAME (If not institution, give st	treet and number)	31		9b. CITY,	b. CITY, TOWN OR LOCATION OF DE				20,	9c. COU	NTY OF D	DEATH	
E	US Route 113				Near	Sn	OW H	ill,	MD		Wor	cest	er County	
DIREC	Maryland 106. COUNTY		'como morol			n LOCAT	on tatio	on, i	MD				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
RAL	10e. STREET AND NUMBER Rt. 1 - Box 199				101. ZIP CODE 21838						10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced	FORCES?	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🛣 NO IF YES, GIVE WAR OR DATES				ENDENT C	OF HISPAN	NIC ORIGIN? (Specify Yee or No— an, Puerto Rican, etc.)					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	npleted) (Give kind of				N st of workin	ng	16	b. KIND OF BUS	INESS/INI	IESS/INDUSTRY		
PLE	H. S. Graduate	College (1-4 or 5	+)		ent C	per	ator			Const	truct	cion		
SON	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, M											
BE (Mitchell W. Bonn	eville_			Violet Nelson									
10	190. INFORMANT'S NAME (Type/Print) 190. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zi P. O. Box 46 - Marion Station, MD									218	38			
	20e. METHOD OF DISPOSITION 07_ 130 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	07-90 oval from State	20b. PLACE other place Sunny	ece)							cisfi		own, State	
	21. SIGNATURE OF TUNERAL SERVICE LIC	Br	ads		& So	ns F	uneral			21817				
	23. PART I. Enter the disease, or complications that cadeed the death. DD not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Oue TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL C	PERFORMED? XX YES 2 \(\text{NO} \) OF											b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Ä	or was over personne to menous									<u> </u>				
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\text{ NO} \)	HOSPITAL:	☐ ER/Outpatient 3	- DOA	OTHER	1 :	ACE OF E				Sce	no		
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending investigation	28e. DATE O	F INJURY Day, Year)	28b. TI		20c. INJ	URY AT	NO	20d. O	her (Specify) ESCRIBE HOW II LVET in	NJURY O	CUREO	xed object	
ED	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE building	OF INJURY — At he, etc. (Specify)	Roa	-	ory, offic	•		2M USANON (Street and Number or Rural Route Number, City or Town, State) US Rt. 113, Worcester Co.MD					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of											(e) end menner ee stated.	
BE	29 SHEWATURE AND TITLE OF GERTIFIE		2		29c. LICENSE NUMBER OCME									
10	30. NAME AND ADDRESS OF PERSON WE Margarita A. Ko		SE OF DEATH (ITE	M 27) (Typ		11	Penn	Str	eet	Baltim	ore,	MD 2	1201 v	

32. ROBISTRAR'S SIGNATURE
Juna Devidson-Pandell



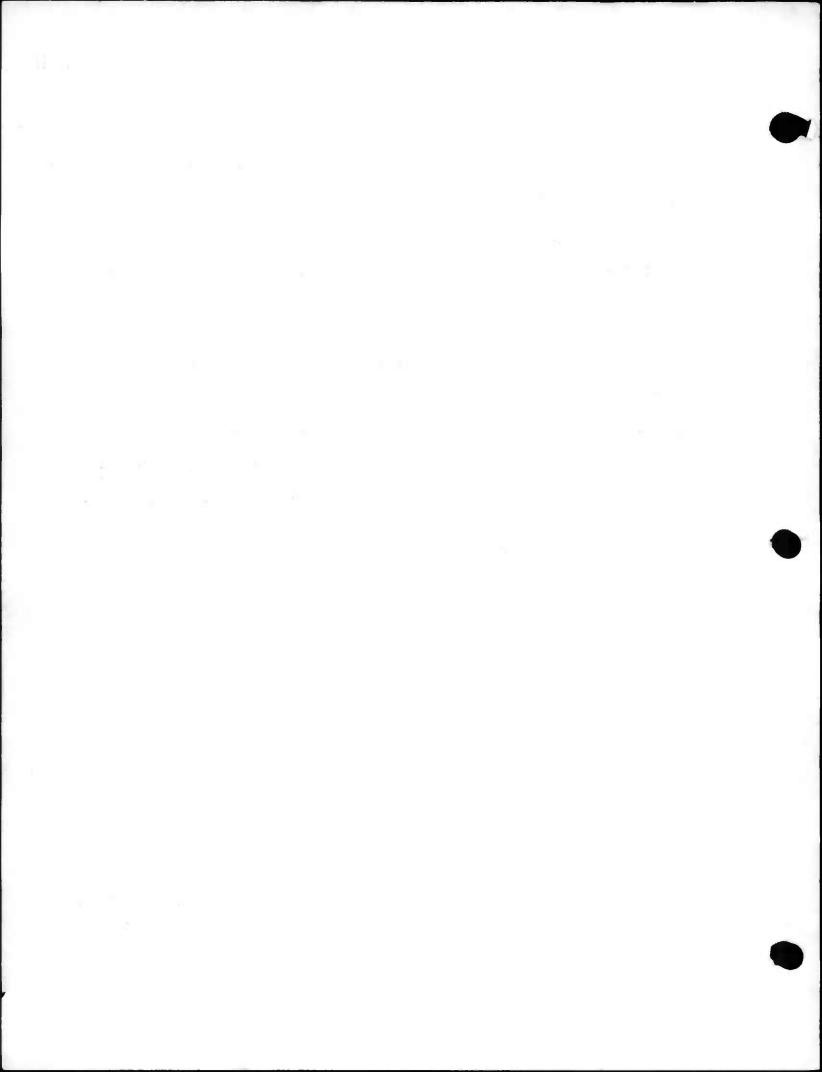
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR CERTIFICATE OF DEATH REG. NO.														
,	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT NMN BROWN								2. DATE OF MONTH JUNE	30,	* 1990	YEAR	3. TIME OF DEATH	a _M	
,;	4. SOCIAL SECURITY NUMBER 251-64-3939	5, SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. last birthday) F UNDE F 65 YRS. MONTHS			1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D DEC •	BIRTH ay. (bar) 25,	1925	a BIRTH Count SOUT	HPLACE (State or For	olgn NA	
OR	99. FACILITY NAME (If not institution, give s NATIONAL NAVAL ME		NTER	-		HESI	OR LOCATION	ON OF DE	EATH				OF DEATH GOMERY		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				Y, TOWN						10d, INSIDE CITY LIMITS?				
٩		GOMERY		PII	LVER		_			1 X YES 2 🗌	10				
FUNERAL	1323 CANYON RD					3	20904				UN		STATES		
à	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT FORCES? 1] IF YES, GIVE WI	YES 2 NO	2 NO If yes, specify Cub					n, Puerto Rice		e or No	No- 14. RACE American Indian, Bleck, White, etc. Specify: BLACK			
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Giv	EDENT'S to kind of Do NOT u	USUAL O work done	CCUPATION COUNTY	ON ast of workin	16b. KIND OF BUSINESS/IN				OUSTRY			
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+	,		NAV				DEFENSE						
ō I	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAME (First, Middle, Malden Surname)									
BE	GEORGE NMN BROWN 190. INFORMANT'S NAME (Type/Print)		Lan	AAA11 (B)	HATTIE NMN BROWN ING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)										
2					ADDRESS (Street and Number of Fural Floute Number, City of Town, Stets, Zip Code) CANYON RD, SILVER SPRING, MD 20904										
	ROSA L. BROWN 200. METHOD OF DISPOSITION		SITION (Name of carnetury, cremetery or 20c. LOCATION — City or Town,								own State				
	1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	other plac	ce)			.,,,,,			1.2.14					
	21. SIGNATURE OF FUNERAL SERVICE LIK	ÉNSEE	ALLI	ugic	22.	NAME A	ND ADDRE	SS OF FA	ciut/16	Kenn	edv	on.	W.		
	· Mulb	Ja. L										•	on, D. C.		
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) SQUAMOUS CELL LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF):											Onset and			
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or injury that initiated evanta resulting in death) LAST	UENCE C	E OF):												
C	PART II. Other aignificant condition	a contributing to	death but not re	sulting	In the u	ndertyin	g cause	given in	Part I. 24		AUTOPSY	24	b. WERE AUTOPSY FI		
PHYSICIAN: MEDICAL									_ i	PERFO			AVAILABLE PRIOR COMPLETION OF	AUSE	
₹	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
S	EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 - Nu		ne 5 🗆 R	esidence	6 Other (S	Specify)					
	27. MANNER OF DEATH XX Natural 5 Pending	28e. DATE OF (Month, De	INJURY	28b. Til		28c. IN	JURY AT ORK? YES 2		28d. DESCR		INJURY OC	CURED			
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE O building,	F INJURY — At horetc. (Specify)	IRY — At home, farm, street, factory, offi-						LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1XX CERTIFYING PHYS												(e) end manner se st	ated.	
8	296. SIGNATURE AND TITLE OF CERTIFIE	A . M	b						NUMBER TT. 29d. DATE				signed (Month, Day, Year) ine 30, 1990		
욘	30. NAME AND ADDRESS OF PERSON WE PETER E. LINZ, LI			1 27) (Typ	e, Print)	NATIONAL NAVAL MEDICAL CENTER									
	31. DATE FILER (Month, Coy, Next)														





DIRECTOR

FUNERAL

BY

COMPLETED

8 notified

2

9

99 ETED

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPL

BE

2

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ID THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pare that with the State Dark of Health and Mental Hydiens infort in building commanding or removal.	INFORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) ESTHER M 2. DATE OF DEATH 3. TIME OF DEATH MAYLE BROWN Esther July 3, 1990 8:30 A.M.M 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 - M 2XXF HOURS 232-05-7487 July 27,1918 West Virginia 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince Georges General Hospital Cheverly Prince Georges 10c CITY TOWN OR LOCATION 10d. INSIDE CITY District of Columbia Washington 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Sheridan Street, N. W. 20011 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 😿 Married Specify: Black YES ZX NO 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION

Third of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondery (0-12) College (1-4 or 5+) 12th grade Retired/Food Service Worker Federal Government 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ernest Blanche Mavle 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19s. INFORMANT'S NAME (Type/Print) William Louis Brown (husband) 1323 Sheridan Street, N.W.; Washington, D.C. 20011 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State Gertie Cemetery 4 Donation 8 Other (Specify) Elizabeth, West Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home Elucy 3831 Georgia Avenue, N.W.; Wash.D.C. 23. PAHT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart failure. List only one cause on each lina. **Onaet and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF Rheumaho e. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 NO nt 2 - ER/Outpatient 3 - DOA ing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 6 Pending 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 🗌 Homicide

1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of ex d/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) and manner as stated.

29c LICENSE NUMBER

29b. SIGNATURE AND THELE OF CERTIFIER

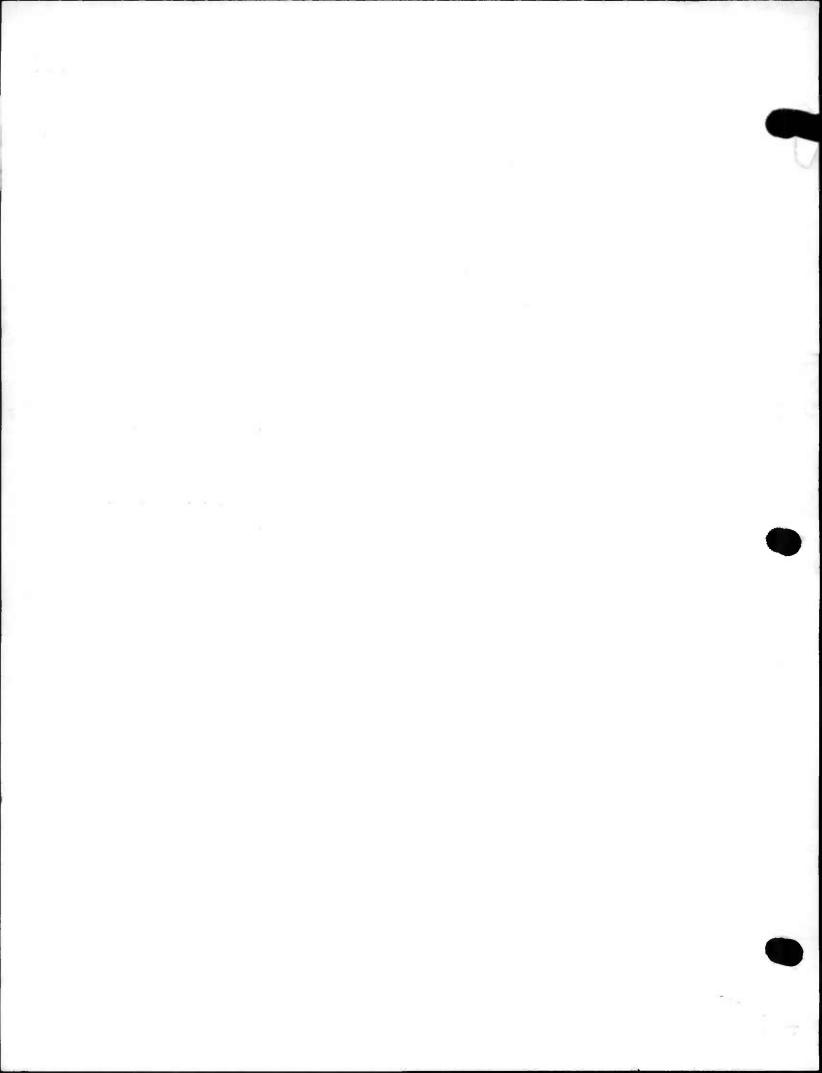
29d. DATE SIONED (Month, Day, Year) .3.90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Prince Georges General Hospital, Cheverly, Maryland DR. 5. 22. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Pay, Your)

rulia Davidson-Randale



FOR STATE REGISTRAR

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		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH, DAY YEAR												3. TIME OF DEATH	-	
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		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in y	rs. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 NRS.	7. OATE OF	BIRTH Dev. Year)		6. BIRTHPI	LACE (State or Foreign		
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3 should	1.1	9a. FACILITY NAME (If not institution, give si				9b. CITY,	TOWN (OR LOCAT	ION OF DE	HTA			TY OF DEA			
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AND 2: the hospital detached fo	ΑŘ	17. FATHER'S NAME (First, Middle, Last)			OTELIC	Jal W	OIK		THER'S NA		NE (First, Middle, Malden Surname)					
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MARYLAND 21203-31 retained by the hospital or attending 5 should be detached for use as the notified at once.		19a. INFORMANT'S NAME (Type/Print)	AOORESS	SS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Silver Park Dr . Suitland, Md. 20746							-					
		Roy White			3.	178 S	ilv	er P	ark	Dr . S	ouitla	and,	Md.20)/46		
ORE, or or or or or or or or or or or or or		20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ram	oval from Stata	20b. PI	LACE OF DISPO	SITION (Na	me of ce	metery, cre	matory or			CATION — C				
Age 6 directo		4 Donation 5 Other (Specify)		_	Metropo	olita	n C	rema	tory			xandr		/a.	_	
BALTIMORE, MARYLAND rs after death. Page 6 may be retained by the hosp on by the funeral director, page 5 should be detacher removal.		W O	1.			22 G	eor	ge P	. Ka.	las Fu	inera:	1 Hom	е			
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y filled in b		23. PART 1. Enter/the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)				dina	ي	fa	ying, suc	cardie	a d	lee_	-	Approximate Interval Between Onset end Deeti		
O. BOX certificate be ding physician lygiene prior t	RTIFIC	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Glassia.	OR AS ACC	DISEQUENCE C	m	ta	Sta.	us	u.	Aug					
ECORDS, requires that the deen signed by the of Health and Me.	MEDICAL	PART II. Other significant condition	olega,	Meeth but	not resulting	in tha un	nderlyin	ng ceuse	givan in		PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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NG PHYSIC frer this ce eath with t	F	27. MANNEY OF DEATH 1 Natural 5 Pending	28a. OATE Of (Month, L	Pay, Year)	26b. TH	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	26d. DEŞC	RIBE HOW I	NJURY OCC	UREO			
ISIO TTENDI TTOR: A after d	<u>a</u>	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide detarmined	28s. PLACE (building	OF INJURY —, atc. (Specify)	At home, ferm,	atreet, fact	lory, offic	ca			TON (Street of Town, State)		or Rural Ro	ute Number,	_	
	2	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	CIAN: To the best o	f my knowled	ga, daath occur	red at the t	lme, data	a and plac	a, and due	to the cause	e(a) and mai	nner aa state	ıd.			
HOSPITAL FUNERAL within 72	COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of	examination a	nd/or investigat	lon, In my o	pinion,	death occ	ured at the	time, data a	nd place, an	d dua to th	cause(a)	and manner as stated.		
THE HOSPITAL THE FUNERAL filed within 72	BE C	29b. SIGNATURE AND TYPE OF CENTURE	R	10	\bigcap	_		29c. Ll	CENSE NU	MBER		29d. DATE	SIGNED	Meath, Day, Year)		
2	2	34 NAME AND ADDRESS OF PERSON WI	DE GUPLETED CAL	ISE DE DEAT	H (ITEM 27) (5m	e Printi					A	- 1	14/	10	_	
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		31_QAJE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATI					, ~	1	W	7		1,	-	

32. REGISTRAR'S SIGNATURE ruha Davidson-Randole

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

